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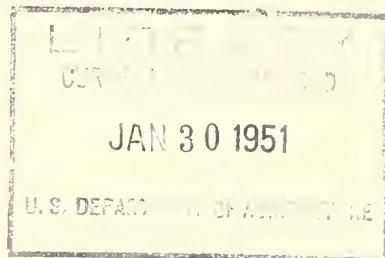
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SOCIAL SECURITY AND RELATED INSURANCE FOR FARM PEOPLE

An annotated bibliography of selected references

Compiled by  
Josiah C. Folsom  
Labor Economist (Agr.)  
Bureau of Agricultural Economics





## CONTENTS

Introduction .....	2
Social Security Proposals before the Public.....	3
Public Attitudes concerning Social Security Proposals.....	6
The Present Social Security Program in Relation to All Workers.....	7
The Present Social Security Program and Farm Workers.....	8
Farm Workers and Old-Age and Survivors Insurance.....	9
Hired Farm Laborers and Unemployment Insurance.....	11
Farm Workers and Disability Insurance .....	11
Health Care Situations among Farm People.....	12
Health Insurance and Farm Workers .....	15
Prepaid Health Care Services .....	16
Voluntary Prepayment Health Insurance .....	17
Compulsory Health Insurance.....	18
Social Security in Other Countries.....	21
Bibliography.....	23
Author Index .....	23

## INTRODUCTION

This bibliography is intended to furnish a list of references for inquirers among farm workers concerning the nature, purposes, and coverage of our social security insurance laws and of proposals for amending them, with annotations indicating their contents <sup>1</sup>/<sub>1</sub>. The amendments propose not only coverage of farm workers and other classes of the population not now covered, but also new kinds of insurance.

Selections that relate definitely to coverage of farm workers by social insurance make up the larger part of the items in this bibliography. Other references have been included to show the relations of farm workers to social security measures for the population as a whole. Still others show the situations that cause demand for social insurance.

The selections are limited mainly to publications that have appeared during the last five years, and to the proposals for social security legislation which have been made in that time. As a result of public discussion concerning them, these proposals differ somewhat from earlier ones. Effort has been made to list materials some of which will be available in all parts of the country, either from the issuing agencies or in public libraries.

It is hoped that this bibliography will stimulate farm people to read and study the proposals for social security measures in the original, as well as the arguments for and against them. They will then be more accurately informed, and better able to decide what they themselves wish.

In preparing the bibliography lists of current literature consulted include: Bibliography of Agriculture, Public Affairs Information Service Bulletin, Experiment Station Record, Reader's Guide to Periodical Literature, Monthly Catalog of U. S. Government Publications, and Cumulative Book Index.

Call numbers following the citations are those of the U. S. Department of Agriculture Library unless otherwise indicated.

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<sup>1</sup>/<sub>1</sub> The annotations are intended to present the principal views or facts offered by the writers, and not those of the compiler.



SOCIAL SECURITY PROPOSALS  
BEFORE THE PUBLIC

The Social Security Act was passed in 1935 and became effective on January 1, 1937. It comprised old-age and survivors insurance, unemployment compensation, and public assistance for maternal and child welfare, needy dependent children, the blind, and the aged. Farm workers as such were excluded from the first two.

President Truman now proposes to amend the law by providing certain coverage for farm workers and the self-employed, and to add new insurance measures which will cover disability and the costs of health care.

If the proposals are all accepted, all farm operators and their hired laborers would be covered by old-age and survivors insurance, extended (or permanent) disability insurance, and health care insurance. In addition, hired farm laborers would have unemployment compensation, and temporary disability insurance.

1. ALTMEYER, A. J. How can we assure adequate health service for all the people? Social Security Bul. 8(12): 12-17. Dec. 1945. 173.2 So1Soc

Financial barriers prevent a large part of the population from obtaining proper medical care. President Truman's message of November 19, 1945, to Congress proposes a national compulsory insurance system to make proper medical care available to all. These proposals are outlined.

2. ALTMEYER, A. J. More security for all: broader, costlier program. U. S. News. 26(15): 28-32. Apr. 15, 1949. 280.8 Un33A

Questions concerning the proposed broader social security program are answered. There are proposals for coverage of agricultural workers, for temporary and extended (permanent) disability, for health insurance, and for Federal contributions to general assistance.

3. ALTMEYER, A. J. The need for social security in the postwar world. Social Security Bul. 9(11): 3-7. Nov. 1946. 173.2 So1Soc

Group action to achieve greater security for individuals is coming rapidly--some by private action, some by government action. The differences between social security and socialism are emphasized, and the advantages of the former in a democracy are indicated. A single comprehensive insurance system should be built upon the present social security system to furnish basic protection against loss of income. It may be supplemented by relief as necessary.

4. ALTMEYER, A. J. Social security for farmers. Land Policy Rev. 8(1): 3. Spring 1945. 1 Ec7La

Despite their familiarity with insurance, farmers are underinsured because they cannot afford more insurance during existing income conditions and insurance costs. Social security presents a different basis of payment, one based on a proportion of income. But farmers are now excluded from the system, in spite of their need for coverage. Proposals for social security include coverage of farm operators and hired farm laborers. Collection of the insurance, risks covered, and benefits proposed are discussed. These benefits should help to reduce demands for relief as well as taxes for this purpose.

5. ALTMEYER, A. J. Social security for industrialized agriculture. Social Security Bul. 8(3): 2-5. Mar. 1945. 173.2 So1Soc

The inclusion of all farm workers in social security coverage is now practicable, and it would solve the perplexing problems of determining whether many borderline occupations should be covered or excluded.

6. ALTMEYER, A. J. War against poverty. Free World 9(2): 66-70. Feb. 1945. 280.8 F87

Attention is called to large groups of workers who are not covered by social security, yet who need it. These include agricultural laborers who are occupationally insecure and have low incomes. The goal of the Social Security Board includes coverage of all working classes, and expansion of its insurances, including insurance against costs of medical care.

7. ALTMEYER, A. J. Ways to improve the old-age and survivors insurance program. Social Security Bul. 10(12): 8-18. Dec. 1947. 173.2 So1Soc

Improvements suggested include increases in amounts of benefits to help meet rising living costs, benefits for permanent and total disability, coverage of agricultural and domestic workers, of public employees, and of the self-employed.

8. ALTMEYER, A. J. What is "socialized" medicine? Jour. Home Econ. 38(2): 90. Feb. 1946. 321.8 J82

A government can spread the costs of medical care in two ways:

1. State medicine: a system of spreading the costs of medical care, and also one of medical services provided by salaried physicians employed by the government. It is financed by general taxation as are public schools. This is usually called "state" or "socialized" medicine. Russia alone has this system.

2. Health insurance: a system of spreading the costs of medical care and reimbursing physicians from a special insurance fund. The physicians are private competitive practitioners. The fund is raised mainly from contributions made by the beneficiaries and their employers. More than 30 countries have systems of this kind.

Health insurance in the form of workmen's compensation is already in use in the United States. The health insurance now proposed for this country is more comprehensive.

9. BOORD, K. R. Farmers need social security, too. Country Book Mag. 5(1): 93-95. Summer 1945. 6 C836

Farmers face the risks of injury, sickness, old age, and death as do other people, but they are not covered by social security. They need and desire this insurance, which is briefly explained. It is proposed that insurance for medical care be added to the system.

10. CARMODY, C. Fact sheet on social security for farmers. Washington, U. S. Dept. of Agr. Off. of Inform., Nov. 1944. 4 p. 1.914 A2F114

Farm laborers and operators are not yet covered by social security as are millions of others. The present coverage and benefits of the system, the proposals for wider coverage (to include farm workers), for new kinds of insurance, and the methods of financing are summarized. Many farmers are financially unable to meet the emergencies of life. Such insurance would help.

11. DAVIS, M. M. Issues and slogans. Survey Graphic 36(7): 400-401. July 1947. 280.8 C37G

Testimony in favor of S. 545 (the "Taft" health bill) is reviewed, and the bill is criticized.

12. DAVIS, M. M. A milestone in health progress: President Truman's program. Survey Graphic 34(12): 485-486. Dec. 1945. 280.8 C37G

The President's message to Congress on November 19, 1945, relating to a national health program is analyzed. Backers include some farm organizations. The opposition and its methods are noted.

13. EWING, O. R. More security for you. Amer. Mag. 147(1): 17, 112-115. Jan. 1949. Libr. Cong.

The reasons for, and the nature of, proposals for compulsory health insurance, for medical education, and for increases in old-age and survivors benefits are stated by the Federal Security Administrator.

14. HIRSCHFELD, G. Social security: past--present--future? Washington, Amer. Taxpayers Assoc. /1944?, 116 p. 284.6 H61

The "potential economic and financial consequences" of proposed expansion of social security insurances (old-age and survivors, unemployment, and health) are surveyed from the standpoint of costs and administrative difficulties, and of the effect of the adoption of the proposals upon the public. Foreign experience is briefly reviewed.

15. HUDDLE, F. P. Social insurance. Ed. Res. Rpts. (1946) 1(14): 239-254. Apr. 11, 1946. 280 Ed42

The operation of the present social security system is outlined. Current proposals to strengthen it include coverage of farm workers, increases in benefits, insurance against sickness and disability. The Beveridge proposals for expanded social insurance in Great Britain are noted.



16. KELLOCK, H. Social security. Ed. Res. Rpts. (1944) 1(9): 153-165. Mar. 1944. 280 Ed42

First social security laws were passed in Europe by 1884; in the United States in 1911. The development of our social security system is sketched. Present proposals for its expansion are noted, as are some of the forces favoring and opposing them.

17. KINGSLEY, J. D. National health insurance: the legislative program. Vital Speeches 15(10): 292-295. Mar. 1, 1949. 280.8 V83

An official of the Federal Security Administration outlines the program for extension and expansion of social insurance, particularly for medical care. The purposes, coverage, benefits, and administrative methods are outlined. Frequent references are made to rural health care needs and measures to meet them. Most attacks on the program are called misrepresentations that have little to do with the subject.

18. LINTON, M. A. Social security -- public and private. Spectator [Chicago] 151(11): 30-33. May 1944. Libr. Cong.

The proposals for amending the Social Security Act need careful study. Tests to be applied to proposals include -- Does the plan allow incentives for personal ambition? undertake to do what could better be done privately? unduly increase government powers? The proposals for changes in old-age and survivors, disability, and unemployment insurance are discussed. "The crux of the matter is the development of practicable plans which actually will improve existing conditions and accomplish effectively and efficiently what we seek to accomplish, without hampering our economic progress or undermining our democratic institutions."

19. MUNTZ, E. E. The farmer and social security. Chicago. Res. Coun. for Econ. Security, 1946. 2 pts. Part I also in Social Forces 24(3): 283-290. Mar. 1946. (280.8 J823).

Costs to farm workers of the social security measures proposed in the Wagner-Murray-Dingell bills of 1945 are estimated. The writer believes they would be burdensome, but he states that certain benefits would save farm people more than the amounts of certain expenses they now pay for medical care. He questions the probable availability of proposed benefits, and fears that Federal subsidy will be needed to support the system.

The administrative procedures proposed for farm people, and the benefits proposed for them (as shown by examples) are outlined. The over-all costs of proposed social security measures are suggested.

20. MUNTZ, E. E. Social security: an analysis of the Wagner-Murray bill. Amer. Enterp. Assoc. Natl. Econ. Prob. 401, 102 p. New York, N. Y. 1944. 284.6 M92

The Wagner-Murray-Dingell bills of 1943 (S.1161 and H.R. 2861, 78th Cong.) are analyzed, after giving first a "brief historical setting of the various elements of social security involved." The major proposals of the bill are considered. Comparison is made with England's Beveridge Plan proposals.

21. MURRAY, J. E. Needed amendments to the Social Security Act. Natl. Conf. Social Work Proc. 1944: 48-58. 280.9 N213

Senator Murray explains the need of a comprehensive national social insurance plan supplemented by public assistance. He explains the proposals now before Congress particularly for medical-care insurance. Farm people should be covered, he states.

22. NATIONAL PLANNING ASSOCIATION. Old-age security for farm people. Natl. Planning Assoc. Spec. Rept. 22, 18 p. Mar. 1949. 284.6 N214

Do farm people want old-age security? Farm leaders say they do; but farmers themselves are none too well informed on the subject, and, somewhat to their disadvantage, are excluded from coverage of old-age and survivors insurance. Their inclusion has been found practicable, and is considered desirable and not far off. Questions and answers explain the present program and suggested changes, together with their costs and benefits to farmers, as well as the reports which might be required of farmers.

23. ROBBINS, R. B. Why we need complete coverage under old-age and survivors insurance. Amer. Econ. Security 5(3): 13-16. Apr. 1948. U. S. Fed. Security Agency Libr.

Should there be any exclusions from coverage by old-age and survivors insurance? No, -- because our democracy has decided that its people should have some income

when their earnings stop; and because the support to replace income should come as rights at least partly earned by the recipients. Farm workers should be included.

24. SHELLY, F. G. Social security and the farmer. Utah Farmer 64(1): 18. July 15, 1944. 6 D45

Do farmers want to come under the social security law? Some facts to help them decide are given, and proposed amendments to the law are noted.

25. U. S. ADVISORY COUNCIL ON SOCIAL SECURITY. Digest of Issues in Social Security. 80th Cong., 1st sess., Senate committee print. Washington, 1947. 77 p. U. S. Fed. Security Agency Libr.

Summary of Item 26, with statistical revisions and references to subsequent developments. Brief references are made to agricultural laborers.

26. U. S. ADVISORY COUNCIL ON SOCIAL SECURITY. Old-age and survivors insurance. 80th Cong., 2d sess. S. Doc. 149, 68 p. 1948. Libr. Cong.

The Council recommends coverage of the self-employed (including farm operators), and farm employees, as well as certain other groups of the population that are now excluded. To permit the newly covered to qualify reasonably quickly for benefits, eligibility requirements should be modified. Benefit amounts should be raised, and also contributions based on earnings. The reasons for the recommendations are discussed.

27. U. S. ADVISORY COUNCIL ON SOCIAL SECURITY. Recommendations for social security legislation. 80th Cong., 2d sess. S. Doc. 208, 236 p. 1949. Libr. Cong.

The Council's recommendations relating to agricultural workers follow: (1) Coverage of farm operators and wage laborers by old-age and survivors insurance; (2) Establishment of permanent and total disability insurance (with coverage of agricultural wage laborers implied); (3) Restoration of unemployment insurance to borderline agricultural laborers; but that coverage be not now extended to farm wage workers because of administrative difficulties.

The Council considers that the adoption of the recommendations for old-age and survivors and disability insurance should greatly reduce the need for public assistance.

For summaries, see: Advisory council report on old-age and survivors insurance. Monthly Labor Rev. 66(6): 641-643. June 1948. (158.6 B87M); Proposed changes in old-age and survivors insurance: report of the Advisory Council on Social Security to the Senate Finance Committee. Social Security Bul. 11(5): 21-28, May 1948. (173.2 S01Soc).

28. U. S. CONGRESS. HOUSE. COMMITTEE ON WAYS AND MEANS. Amendments to the Social Security Act. Hearings...79th Cong., 2d sess., on social security legislation, February 25 and various dates through June 7, 1946. Washington, 1946. 3 v. 284.6 Un39Sa

Testimony was presented relating to amending parts of the Social Security Act, -- old-age and survivors insurance (v. 1), public assistance (v. 2), and unemployment compensation (v. 3). Frequent references are made to coverage of farm workers.

29. U. S. CONGRESS. HOUSE. COMMITTEE ON WAYS AND MEANS. Issues in social security. A report to the Committee on Ways and Means...by the Committee's social security technical staff. Washington, 1946. 742 p. 284.6 Un39Ss

This, the so-called Calhoun report, deals with the present Social Security program and its proposed extension to additional population groups. Exclusion of agricultural workers from coverage is considered. There are extensive tables of data.

30. U. S. CONGRESS. HOUSE. COMMITTEE ON WAYS AND MEANS. Social Security Act amendments of 1949. Hearings, 81st Cong., 1st sess., on H. R. 2892 and 2893, Feb. 28 - Mar. 27, 1949. Washington, 1949. 2 v. U. S. Fed. Security Agency Libr.

Testimony was received concerning amending the Social Security Act to extend its coverage, liberalize its benefits, and to add disability insurance. Most of the statements dealt with old-age and survivors insurance only. All witnesses who considered hired farm labor favored its coverage under the old-age and survivors insurance system; some, as indicated by footnotes, favored also the coverage of farm operators. The statements included those of:

1/ U. S. Social Security Administration (p. 1081-86; 1159-84)

2/ National Cooperative Milk Producers Federation (p. 1469-84)



- 1/ U. S. Department of Labor (p. 1565-86)
- 1/ Chamber of Commerce of the U. S. A. (p. 1653-61)
- 1/ Congress of Industrial Organizations (p. 1728-34)
- 2/ National Grange (p. 1857-72)
- 1/ National Farmers Union (p. 1872-78)
- 1/ Dr. W. W. Pate, University of Oklahoma (p. 1979-86)
- 1/ American Federation of Labor (p. 1987-99)
- 1/ National Farm Labor Union A. F. of L., (p. 2081-83)
- National Association for the Advancement of Colored People (p. 2144-48)
- National Citizens' Council for Migrant Labor (p. 2332-34)
- Food, Tobacco, Agricultural, and Allied Workers of America, C. I. O. (p. 2341-55)
- 1/ New York State Farm Bureau Federation (p. 2478-90)
- 1/ American Public Welfare Association (p. 2513)
- 1/ National Consumers League, and Consumers' League of New York (p. 2516)

1/ Also favored compulsory coverage of farm operators.

2/ Also favored voluntary coverage of farm operators.

31. U. S. DEPT. OF AGRICULTURE. OFFICE OF INFORMATION. Social security for farmers and farm workers. Washington, 1945. 4 p. 1.914 A2S01

This fact sheet summarizes the provisions of the Social Security Act, and outlines its principal proposals for expansion of insurance coverage, and for the extension of the whole to agriculture.

32. U. S. PRESIDENT (TRUMAN). The economic report of the President to the Congress, Jan. 8, 1947. Washington, 1947. 54 p. 149 Ec7

In his economic message to Congress, the President recommends liberalization of old-age and survivor benefits, and expansion of the coverage of the system, the increase in amount and duration of unemployment compensation; and systems of disability insurance, and of medical care to include essential preventive and curative services.

Issued also as 80th Cong., 1st sess. H. Doc. 49.

33. U. S. PRESIDENT (TRUMAN). National health and disability insurance program. 80th Cong., 1st sess. House Doc. 261, 3 p. May 19, 1947. Libr. Cong.

In a message to Congress, the President urged national plans for insurance against costs of medical care, and against loss of earnings during illness.

34. U. S. PRESIDENT (TRUMAN). National health program. Message from the President of the United States, transmitting his request for legislation for adoption of a national health program. 79th Cong., 1st sess. House Doc. 380, 11 p. 1945. 148 10970

The President calls attention to the needs of the population as to medical care, especially in low-income and rural areas. He asks for establishment of a comprehensive modern health program for the Nation,--this to comprise expansion of the social security system to include prepayment of medical costs, and disability insurance.

35. U. S. PRESIDENT (TRUMAN). National health program. 81st Cong., 1st sess. S. Doc. 59, 6 p. Apr. 22, 1949. U. S. Fed. Security Agency Libr.

The President in a message to Congress recommends the enactment of legislation to improve the health of the people, and gives his reasons for its need. Health insurance is one of the measures recommended.

36. U. S. PRESIDENT (TRUMAN). Social security system. 80th Cong., 2d sess. House Doc. 676, 5 p. May 24, 1948. Libr. Cong.

In a message to Congress, the President urges liberalization and expansion of the social security system to provide added insurance and coverage for classes of the population now excluded. The proposals relate to old-age and survivors insurance, unemployment insurance, public assistance, temporary disability, and extended disability.

37. U. S. PRESIDENT (TRUMAN). State of the Union; address of the President of the United States. 80th Cong. 2d sess. House Doc. 493, 10 p. Jan. 7, 1948. 148 11241

The President urges the extension of unemployment compensation, and of old-age and survivors insurance to millions not now protected; and that there be established a national health program of payment for medical care on insurance principles.

38. U. S. PRESIDENT (TRUMAN). State of the Union; address of the President of the United States. 81st Cong. 1st sess. House Doc. 1, 7 p. Jan. 5, 1949. Libr. Cong.

The President, among other things, briefly noted deficiencies in the old-age and survivors insurance system, and recommended its expansion and the liberalization of benefits. He also spoke of shortages of medical personnel, and the need for a prepaid medical-insurance system.

See also Item 52.

39. U. S. TREASURY DEPT. DIV. OF TAX RESEARCH. The extension of old-age and survivors insurance to agricultural and domestic service workers and to the self-employed. Washington, 1947. 45 p. 151.93 Ex8

The report describes three methods which might be used for collecting social security taxes from agricultural and domestic employees, and another for collection from the self-employed. The report shows that it is now administratively practicable to bring these groups into coverage of the Social Security Act.

40. WHEILDON, L. B. Security for the aged. Ed. Res. Rpts. (1948) 2(6): 551-566. Aug. 12, 1948. 280 Ed42

The financial benefits of old-age and survivors insurance and of old-age assistance payments are much below the actual needs of recipients. Proposals for revising the old-age provisions of the Social Security Act, and for expanding the social security system, including coverage of farm workers, are outlined.

41. WILDER, R. N. Social security extension to farmers. Your Farm 3(5): 117-119. Mar. 1945. 6 Y8

Social security could be extended to farm operators and hired farm laborers if the proposals of the Social Security Board were adopted. The proposals are outlined.

42. WOODWARD, E. S. Soil security and social security. Soil Conserv. 11(6): 128-133. Dec. 1945. 1.6 So3S

Some comparisons are drawn between soil conservation practices carried on for the sake of economic security, and insurance against major risks of life for the sake of social security. Proposals for insurance for farm workers under the Social Security Act are noted.

43. ANONYMOUS. Extending social security. New Repub. 120(2, pt. 2): 11-12. Jan. 10, 1949. 280.8 N42

In coverage, benefits, eligibility, and financing, the present social security system is inadequate. It should have universal coverage (including farm workers), benefits more nearly adequate to meet costs of living of the elderly, more adequate financing by contributions from the taxpayers and the Federal Government.

44. ANONYMOUS. The forgotten 12,000,000: can agricultural workers share in social benefits? Wis. Agr. and Farmer 71(22): 1, 8, 9. Nov. 18, 1944. 6 W751

Representatives of the Social Security Board and certain farm organizations answer questions as to the desirability of old-age and survivors insurance for farm workers. All favor it.

45. ANONYMOUS. Improving national health. New Repub. 120(2, pt. 2): 8-9. Jan. 10, 1949. 280.8 N42

Only one American in five enjoys his rights to decent medical care. Such care is too costly, and medical personnel is unevenly distributed. The proposals of the National Health Bill for compulsory health insurance offer a remedy,--all necessary preventive, diagnostic, and curative care. It would be financed by contributions based on payrolls. Voluntary insurance is the only alternative, but that cannot offer the benefits proposed under compulsory insurance.

46. ANONYMOUS. The national insurance and public health act of 1947--S. 1320. Pub. Health Econ. 4(6): 385-399. June 1947. 448.8 P962

A summary of the "National Health Insurance and Public Health Act of 1947" is given in outline form in considerable detail. It applies also to the identical bills H. R. 3548 and H. R. 3579.

47. ANONYMOUS. Old-age and survivors insurance for agricultural and domestic workers and the self-employed. Social Security Bul. 11(1): 11-13. Jan. 1948. 173.2 So1Soc

Practicable methods of extending social security coverage to agricultural, domestic and self-employed workers (including farm operators), are presented for public discussion.

48. ANONYMOUS. The question of medical insurance for Americans: voluntary or compulsory? Cong. Digest 28(3): 69-96. Mar. 1949. 110 C76

The title covers several articles concerning medical care insurance, and statements of those who favor and oppose it.

49. ANONYMOUS. Social security. Bldg. Amer. 12(6): 162-191. Mar. 1947. Libr. Cong.

The entire issue of the magazine deals with the history of and the need for social insurance and public assistance in this country; and with needed increases of benefits and expansion of coverage and of types of insurances.

50. ANONYMOUS. Social security costs. Country Gent. 146(5): 116. May 1946. 6 C833

Congress has before it proposals for an expanded social security system. For farm workers it would include old-age and survivors insurance, disability insurance, insurance against medical costs; and, for hired farm laborers, unemployment compensation. The cost of such a system to farmers might be greater than their real estate taxes. The proposals need more study before action is taken.

51. ANONYMOUS. Social security looks ahead; recommendations of the Social Security Administration in its annual report to Congress. Social Security Bul. 10(12): 2-7. Dec. 1947. 173.2 So1Soc.

The Social Security Administration report for the fiscal year 1946-47 is summarized. The Administration makes proposals for a more comprehensive program, including coverage of farm workers.

52. ANONYMOUS. Social security recommendations: Excerpts from the President's messages. Social Security Bul. 12(1): 10-11, 20. Jan. 1949. 173.2 So1Soc.

In each of three messages (State of the Union, Economic Report, and Budget) to Congress in January 1949, the President urged the expansion of old-age and survivors insurance to workers not covered, and liberalization of its benefits; a system of disability insurance against loss of income through temporary or permanent disability; and national health insurance. In the first message, he recommended expansion of unemployment compensation. The messages are excerpted and summarized as to these subjects.

#### PUBLIC ATTITUDES CONCERNING SOCIAL SECURITY PROPOSALS.

53. AMERICAN FARM BUREAU FEDERATION. Resolutions adopted at 29th annual convention, Dec. 18, 1947. Chicago, 1948. 4 Am31R

Summarized in Amer. Farm Bur. Fed. Off. News Letter 26(26): 1-6. Dec. 24, 1947 (280.83 Am3W).

The Farm Bureau favors coverage of farm labor by old-age and survivors insurance "if and when a workable program for this type of labor can be formulated."

54. AMERICAN FARM BUREAU FEDERATION. Resolutions adopted at 30th annual convention of the American Farm Bureau Federation. Chicago, 1949. 31 p. 4 Am31R

Summarized in Amer. Farm Bur. Fed. Off. News Letter 27(26): 2-7. Dec. 22, 1948 (280.83 Am3W).

The resolutions adopted at the December 1948 convention include one stating that farm labor should be covered by old-age and survivors insurance "if and when a workable program for this type of labor can be formulated."

Another resolution states: "We favor voluntary plans providing medical, dental, and hospital insurance."

55. ASSOCIATION OF LAND-GRANT COLLEGES AND UNIVERSITIES. COMMITTEE ON POSTWAR AGRICULTURAL POLICY. Postwar agricultural policy. Berkeley, Calif. 1944. 61 p. 281.12 As73

Among other things, the Committee recommends extension of coverage of old-age and survivors insurance to all agricultural workers. They need the protection as much as do city workers; and many of them have worked in covered industries, and contributed to social security funds, but not for long enough time to become eligible for benefits.

Farm wage workers should be covered by unemployment insurance.

Also in Assoc. Land-Grant Col. and Univ. Proc. (1944) 58: 233-276, 1945. (4 As7).

56. CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA. Social security in the United States. Chamber policies and report of Committee on Social Security. Washington, 1944. 26 p. 284.6 C352

Replies to a questionnaire circulated by the Chamber to its members are summarized. Old-age and survivors insurance is favored, as is coverage of agricultural employees. Medical benefits, and cash sickness benefits

should be on State levels. Control of unemployment compensation by the Federal Government should not be extended. Social security measures are considered no substitute for productive employment which should be encouraged by all means.

57. FROTHINGHAM, C. Doctors don't all wear blinkers. Amer. Fed. 56(1): 9. Jan. 1949. 283.8 Am32  
"American Medical Association officers have consistently failed to work with" farm and other organizations "for a real program to bring adequate medical care within the reach of all citizens."

A recent poll reported that 4 out of 10 doctors are open-minded or ready to participate if national health insurance is enacted.

58. GOSS, A. S., and O'NEAL, E. A. Social security benefits for farm people. South. Planter 106(1): 18. Jan. 1945. 6 So89

The Master of the National Grange favors the extension of social security to farm operators and hired farm laborers. The President of the American Farm Bureau Federation and his organization believe in further study of the project before announcing a policy.

59. GOSS, A. S., ALTMAYER, A. J., and DU MOND, C. C., What farm leaders think about: Social security for farmers. Better Farms 6(8): 4. Sept. 15, 1945. 6 B462

Three national leaders are quoted: (1) Mr. Goss states that the Grange has passed a resolution favoring the extension of social security to agriculture; (2) Mr. Altmayer gives the view of the Social Security Board that social security offers a basic answer to many hazards faced by farmers, and urges their coverage by the present social security system and by national health care insurance; (3) Mr. Du Mond, Commissioner of Agriculture, New York, favors social security coverage for farm workers, including unpaid family workers.

60. KORNHOUSER, A. Should we have compulsory health insurance? Amer. Mag. 141(1): 40-41, 116. Jan. 1946. Libr. Cong.

A poll of prominent persons on questions relating to health insurance showed that half of the physicians interviewed favored a compulsory system operated by the government; of social and economic authorities, 75 percent; of all persons interviewed, 60 percent. The remainder of each group favored private voluntary insurance. Ninety-nine percent agreed that Americans should be covered by some kind of health insurance. Those interviewed are named.

61. NATIONAL COUNCIL OF FARMER COOPERATIVES. Proceedings of the 1945 annual meeting of delegates. Washington, 1945. 80 p. 280.29 N21A

A committee believes that the proposals to extend social security coverage to hired farm laborers and farm operators would require modifications to fit agricultural conditions. It recommends further study.

62. THE NATIONAL GRANGE OF THE PATRONS OF HUSBANDRY. Journal of proceedings, 81st annual session, National Grange, 1947. Coshocton, Ohio, 1948. 281 p. 4 N21

A resolution passed (p. 212) favored the formation of group hospitalization and medical care plans. Another (p. 225) called attention to the exclusion of farm people from social security laws, and recommended that "...social security be extended to include farmer and farm workers, insofar as it applies to old age and retirement benefits and that these benefits be extended to farm operators if and when a practical means can be developed to make it work."

63. THE NATIONAL GRANGE OF THE PATRONS OF HUSBANDRY. Journal of proceedings, 82d annual session, National Grange, 1948. Coshocton, Ohio, 1949. 240 p. 4 N21

A resolution adopted (p. 162) favored voluntary contributory health insurance to abolish economic barriers to adequate medical services, and also the use of tax funds to supplement health insurance to provide adequate services for the whole population. Another resolution (p. 177) reaffirmed the action of 1947 concerning social security; further study of the subject was recommended.

64. NATIONAL OPINION RESEARCH CENTER. What do American people think about health insurance? Denver, Colo. 1944. 66 p. Libr. Cong.

A survey of more than 2,500 adult civilians was made in August 1944, concerning medical care they needed and received, and concerning their opinions of the proposals for Federal health insurance.

Of the respondents expressing opinions, two-thirds favored amending the Social Security Act to provide for paying for the doctor and hospital care people need; and



practically half of the farmers preferred paying doctor bills by an insurance method. Two-thirds would be willing to pay \$3 a month to assure themselves and their families complete medical and hospital care.

Four out of five farmers had no insurance that covered hospital bills.

65. REUSS, C. F. Farmer views on the medical situation. Wash. Agr. Expt. Sta. V Cir. 20, 4 p. Sept. 1944. 100 W27E

This reports farmers' opinions as to their major health problems, and as to practicable ways of increasing the availability of medical services (including health cooperatives, and medical services paid for by general taxation and available to all). Farmers consider the problem of adequate medical care to be one of their most pressing problems.

66. ROSKELLEY, R. W. The rural citizen and medical care. Wash. Agr. Expt. Sta. Bul. 495, 16 p. Dec. 1947. 100 W27E

Questioned concerning medical care were 595 families in 11 counties. Three-fourths of those expressing opinions desire change in present medical care administration. Of those desiring change, 38 percent prefer a social security program; 33 percent, medical bureaus. Most who wish change want a program of comprehensive medical care; of these, three-fourths would be willing to pay 5 percent of income annually for it. A large majority of families would be interested in further information, but do not know how to obtain it.

67. SENSENICH, R. L. Government compulsory sickness insurance. State Govt. 19(2, i.e.3): 73-75. Feb. 1946. 280.8 St2

The American Medical Association's reasons for opposing compulsory health care insurance are stated.

68. STREETTER, C. P. A real health program for rural America. Hospitals 18(12): 25. Dec. 1944. Libr. Cong.

A farm editor is sure that farmers oppose compulsory health care insurance, but that they do favor voluntary plans.

69. ANONYMOUS. The Chamber of Commerce of the United States and medical care and sickness insurance schemes. Internatl. Labour Rev. 52(2-3): 254-255. Aug. Sept. 1945. 283.8 In8

The results of a membership referendum concerning social security, and a summary of discussions at a conference in January 1945 are outlined.

70. ANONYMOUS. Complete 1948 program adopted by national convention. Natl. Union Farmer 25(34): 1A-4A. Mar. 1948. 281.8 N212

In this program the Farmers' Union (Farmers Educational and Cooperative Union of America) advocates extension of an adequate social security system for farm people. "Universal health insurance legislation should be enacted by Congress. Each person should be covered by health insurance, either in a federal..., cooperative..., or a private plan...."

71. ANONYMOUS. Compulsory federal-hospital insurance is disturbing farm folks. Amer. Farm Bur. Fed. Off. News Letter 25(8): 4. Apr. 17, 1946. 280.83 Am3W

A spokesman for the Associated Women of the American Farm Bureau Federation attacks the national health program.

72. ANONYMOUS. Farmers need retirement pensions too. Wallaces' Farmer 70(24): 6. Dec. 15, 1945. 6 W15

Data are quoted to show that about half of the people aged 65 or more have help from relatives or relief--6 out of 7 of them from relief. The editor believes the social security laws should be changed to "give farmers a chance at retirement pensions, too."

73. ANONYMOUS. Joint statement on social security by agriculture, business, and labor. Natl. Planning Assoc. Planning Pams. 33, 36 p. Washington, D. C. Apr. 1944. 280.9 N2153

Committees of the National Planning Association believe that a national security program is necessary, and that related problems needing further study include the special problems of application of the program to agriculture.

74. ANONYMOUS. Oppose compulsory health program. Amer. Farm Bur. Fed. Off. News Letter 28(3): 2. Feb. 2, 1949. 280.83 Am3W

The directors of the American Farm Bureau Federation oppose the Federal Government's embarking on programs to provide medical and hospital services. They favor voluntary plans for the purpose.

75. ANONYMOUS. Public opinion on medical insurance. In New York (State). Legislative Commission on Medical Care. Medical care for the people of New York State, p. 399-407, 488-504. Albany, 1946. 449.1 N4822

In 7 out of 8 polls on the subject, a majority of respondents who expressed opinions were in favor of compulsory health care insurance.

76. ANONYMOUS. The public thinks. Survey Monthly 80(11): 322-323. Nov. 1944. 280.8 C37

A poll recently conducted by the National Opinion Research Center showed that a majority of persons who had formed opinions on the subjects favored insurance to cover costs of hospital and/or necessary doctor's care; administration by the Federal social security system of an insurance plan covering both costs; doing something to make it easier for people to get necessary medical care.

Farmers and persons over 60 years of age were the only groups who favored paying doctors when they were called instead of having an insurance plan.

77. ANONYMOUS. Resolutions adopted at the 29th A. F. B. F. annual convention. Nation's Agr. 23(2): 10, 12-13, 16. Feb. 1948. 280.82 B89

Included in the resolutions adopted at the December 1947 convention of the American Farm Bureau Federation was one favoring coverage of farm labor by old-age and survivors insurance "if and when a workable program for this type of labor can be formulated."

78. ANONYMOUS. Social security for farmers? Here's what our readers say. Wis. Agr. and Farmer 72(14): 7. July 21, 1945. 6 W751

The paper sent representatives to poll some of its readers on the subject. At least two-thirds of those who had formed opinions on the subject favored the extension of social security to farm operators and hired farm laborers.

79. ANONYMOUS. Social security on the farm? Rur. New Yorker 99(5683): 23. Jan. 1, 1949. 6 R88

Correspondents write their views favoring or opposing the extension of old-age and survivors insurance to farm operators and hired farm workers.

80. ANONYMOUS. Too old to work? Wallaces' Farmer 70(16): 1, 16. Aug. 18, 1945. 6 W15

The farmer has a poor chance of retiring and living on the interest of his investments or the proceeds of the sale of his property. A poll by this paper among farmers in Iowa, showed, in general, 36 percent of them in favor of extension of social security to farm operators, 20 percent opposed, and 33 percent undecided.

#### THE PRESENT SOCIAL SECURITY PROGRAM IN RELATION TO ALL WORKERS

81. ALTMAYER, A. J. The first decade in social security. Social Security Bul. 8(8): 1-6. Aug. 1945. 173.2 SoISoc

The development of the Nation's social insurance and public assistance program is sketched, and needed extensions are noted. Fears once expressed concerning the effects of the program have proved groundless; yet similar arguments are raised against its expansion. Desirable improvements in the program are indicated.

82. COHEN, W. J., and CALHOON, J. L. Social security legislation, January-June 1948: Legislative history and background. Social Security Bul. 11(7): 3-14. July 1948. 173.2 SoISoc

Congressional legislation in the social security field in the first half of 1948 is outlined, together with the background of the development of some of the amendments.

83. CORSON, J. J. Security for the aged: Is assistance submerging insurance? Amer. Econ. Security 5(7): 8-12. Oct./Nov. 1948. U. S. Fed. Security Agency Libr.

Possible destruction of the old-age and survivors program is threatened by increased liberalization of public assistance programs, by failure to liberalize the social security program, and by failure to include the people now excluded from old-age and survivors insurance coverage. We need to extend its coverage and increase its benefits.

84. HABER, W., and COHEN, W. J., eds. Readings in social security. 634 p. New York, Prentice-Hall, Inc. 1948. Libr. Cong.

This collection of readings is intended to furnish materials on the basic backgrounds and philosophy of American social security measures and proposals, the issues



in dispute, and developments up to about 1948; to present arguments for and against social security measures; to guide inquirers to additional sources of information.

85. MERIAM, L. Relief and social security. Washington. Brookings Inst. 1946. 912 p. 280 M552

The book is called a study of the social, financial, and administrative problems of "providing universal, comprehensive, and coordinated protection against want," by relief and by social security measures. The coverage of agricultural workers gets incidental attention. British social security measures are outlined.

86. NATIONAL CONFERENCE ON SOCIAL SECURITY, WASHINGTON, D. C. Social security in America: addresses. Washington. Chamber of Commerce of the U. S. A. 1944. 103 p. Libr. Cong.

Here are collected the addresses delivered at the National Conference on Social Security held in January 1944, under the sponsorship of the Chamber. There are occasional references to coverage of farm workers.

87. POWELL, O. M. Ten years of social security administration in the Southwest. Social Security Bul. 9(5): 4-10. May 1946. 173.2 So1Soc

The agricultural Southwest is shown to be at a disadvantage compared to the industrial Northeast in the results of the operations of the Social Security Act: -- lower percentage of the population covered, having rights to benefits, receiving benefits; lower benefit earned and paid; the larger proportion of population dependent on public assistance. The needs for increased coverage of the population, including farm workers, are emphasized.

88. ROSENTHAL, R. J. Social assistance or social security. Labor and Nation 4(2): 25, 36. Mar./Apr. 1948. Libr. Cong.

The dominant issues in discussion of social security are whether the program should emphasize assistance for the needy alone, or insurance for all; and Federal or Federal-State systems. Organized labor favors a Federal program of expanded insurance.

89. ROSS, M. Social security in the United States. Washington. U. S. Social Security Admin. 1948. 72 p. 173.2 So1Sou

The social security operations in this country are described in popular language in detail. The history of the way in which our present system developed is outlined. The operations of the various programs are described, particularly as to coverage, benefits, administration, and financing. Agricultural workers are excluded from old-age and survivors insurance, and unemployment insurance. They may, however, receive public assistance through the maternal and child health and welfare services, and the old-age assistance, and aid to the blind. Bibliography.

90. U. S. LAWS, STATUTES, ETC. Compilation of the social security laws. Washington. U. S. Social Security Admin. 1948. 114 p. Libr. Cong.

Here are compiled the Social Security Act, as amended, and related enactments through July 1, 1948.

91. U. S. SOCIAL SECURITY ADMIN. Annual report, 1947. Washington. 1947. 167 p. 173.2 So1An

This is the first annual report of the Administration, successor of the Social Security Board. The report summarizes the Administration's operations, and gives its recommendations for strengthening and extending the Social Security program, including coverage of agricultural workers.

92. U. S. SOCIAL SECURITY ADMIN. Federal old-age and survivors insurance: a brief explanation. U. S. Social Security Admin. I.S.C. 64, 4 p. June 1948. 173.2 So1C

What the old-age and survivors insurance program means to workers, and how it works are explained. The differences between this insurance and unemployment insurance are shown. Agricultural workers are not covered.

93. U. S. SOCIAL SECURITY ADMIN. Public assistance under the Social Security Act. U. S. Social Security Admin. I.S.C. 66, 10 p. Oct. 1948. 173.2 So1C

Public assistance is planned to insure some income when earnings are interrupted. The provisions of the Federal laws giving assistance to the needy among the aged, dependent children, and the blind are explained -- how to apply for help, requirements, benefits obtainable.

94. U. S. SOCIAL SECURITY ADMIN. Questions and answers on social security. U. S. Social Security Admin. I.S.C. 60, 29 p. Dec. 1947. 173.2 So1C

Questions commonly asked concerning the social security system are given and answered. They apply to the system as a whole, to old-age and survivors insurance, to unemployment insurance, and to public assistance.

95. U. S. SOCIAL SECURITY ADMIN. Social security: a brief explanation of the Social Security Act. U. S. Social Security Admin. I.S.C. 1, 24 p. June 1947. 173.2 So1C

The purposes and benefits of the insurance systems (old-age and survivors, and unemployment), and the public assistance (old-age assistance, aid to the needy blind, aid to dependent children), and the services for mothers and children are explained for possible beneficiaries.

96. U. S. SOCIAL SECURITY ADMIN. Social security for children. U. S. Social Security Admin. I.S.C. 65, 24 p. 1948. 173.2 So1C

The helps given to children through old-age and survivors insurance, public assistance, and health and welfare services are outlined. How the laws operate, and how to secure their benefits for children are explained. Many rural counties do not furnish services authorized by these laws.

97. U. S. SOCIAL SECURITY BD. Annual report, 1st-11th, 1935/36-1945/46. Washington, 1937-47. 173.2 So1An

The eleven annual reports of the Social Security Board summarize its operations, and give its recommendations for strengthening and extending the social security program. In the last several years, the Board recommended coverage of agricultural workers. (The Board was succeeded by the Social Security Administration.)

98. WITTE, E. E. 1944-1945 programs for postwar social security and medical care. Rev. Econ. Statis. 27(4): 171-188. Nov. 1945. 251.8 R32

The material relates chiefly to the United States and England under topics relating to postwar programs, recommendations of the International Labor Conference, developments in Great Britain and other countries, proposals in the United States, and future prospects.

99. WUNDERLICH, F. Social insurance versus poor relief. Social Res. 14(1): 75-94. Mar. 1947. 280.8 So19

Arguments are presented for and against social insurance and poor relief as measures against major risks of life. Calculations and foreign experience indicate that compulsory insurance is preferable.

100. ANONYMOUS. Advisory Council on Social Security: reports on permanent and total disability insurance and on public assistance. Social Security Bul. 11(10): 3-10. Oct. 1948. 173.2 So1Soc

The Senate Finance Committee appointed a council to make a full and complete investigation of the social security system. The introductions and summaries of recommendations of those reports that deal with permanent and total disability, and with public assistance are reproduced.

101. ANONYMOUS. Milestones in the development of the social security program. Social Security Bul. 8(8): 6-11. Aug. 1945. 173.2 So1Soc

An almost chronological history of the social security program in the United States is given.

102. ANONYMOUS. Sinner to respected citizen. Jour. Home Econ. 36(3): 157-159. Mar. 1944. 321.8 J82

Pauperism was once considered a sin, and was treated by repressive measures. Modern attitude treats it as a result of circumstances beyond control, and as an obligation to the community to pool its resources to guarantee a minimum standard of well-being to all. One result is social security action. Some of the false notions about proposed legislation (S. 1161) are stated, followed by the facts.

103. ANONYMOUS. Ten years of social security. Social Security Bul. 8(8): 1-32. Aug. 1945. 173.2 So1Soc

A large part of this issue is devoted to a review of the history of social insurance and assistance in the United States. Suggestions for its improvement are noted. Developments in other countries are sketched.

#### THE PRESENT SOCIAL SECURITY PROGRAM AND FARM WORKERS

104. ARCOLEO, F. The development of compulsory social insurance in agriculture. Internat. Inst. Agr. Monthly Bul. Agr. Econ. and Sociol. 36(1/2): 1E-39E. Jan./Feb. 1945. 280.29 In83

The history of the development of compulsory insurance against accidents, sickness, invalidity, old-age, and death among agricultural workers in more than 30 countries is sketched by noting type of insurance and dates of introduction. The recommendations of the International Labor



Office concerning the further development of such insurance are outlined. The purposes of, and the arguments for and against it are stated.

The proposals of the comprehensive Beveridge social insurance plan for Great Britain are noted.

105. DUNCAN, O. D. Do you want social security? Farm and Ranch 65(7): 22. July 1946. 6 T31

Farm workers are not included in social security coverage. Their occupation is one of high risks. They should have the coverage if they wish it. Possible advantages of social security coverage are noted. If applied to farm workers, the system should fit their needs.

106. EBERLING, E. J. Old-age and survivors' insurance and old age assistance in the South. South. Econ. Jour. 15(1): 54-66. July 1948. 280.8 So84

A much smaller proportion of jobs in the South is covered by old-age and survivors insurance than in the rest of the country because agricultural and other large groups of workers are excluded. This amounts to discrimination against the South. Unable to obtain old-age and survivors insurance benefits, the aged needy are forced to ask for old age assistance. Southern States are financially able to pay only small amounts to recipients, and must refuse many appeals for assistance. To help relieve the situation, old-age and survivors insurance should be extended to agricultural and other workers not now covered, and its benefits should be increased.

107. EBERLING, E. J. Old-age security in the South. Amer. Econ. Security 5(8): 16-21. Dec. 1948. U. S. Fed. Security Agency Libr.

In comparison with the rest of the country, the South is at a disadvantage in regard to old-age and survivors insurance coverage and benefits partly because agricultural workers are not covered, and also because its needy aged must ask for so much more old-age assistance and can receive only smaller amounts. Farm and other excluded groups should be covered by old-age and survivors insurance, and a permanent disability program should be added.

108. MARLEY, J. B. The Southwest pays: inequalities in social security. Southwest Rev. 33(2): 154-162. Spring 1948. Libr. Cong.

Some of the regional irregularities in the application of public assistance and old-age and survivors insurance are shown. Part of the disadvantaged status of the Southwest is because the area is so largely rural, agricultural, and low income. Consequently its benefits from old-age and survivors insurance are low, and its dependence upon public assistance is large. And public assistance lays heavy burdens on taxpayers.

109. POWELL, O. M. Social insurance and public assistance in the long future. Natl. Conf. Social Work Proc. (1947) 74: 144-153. 1948. 280.9 N213

Developments and results of the social security program in the United States since 1935 are reviewed. The exclusion of agricultural workers from old-age and survivors insurance operates against them, both as taxpayers and as individuals needing benefits. It forces them on public assistance, a heavy burden on taxpayers in rural areas.

110. U. S. DEPT. OF AGRICULTURE. What peace can mean to American farmers: Maintenance of full employment. U. S. Dept. Agr. Misc. Pub. 570, 28 p. July 1945. 1 Ag84M

Revision of the social security system, particularly old-age and survivors insurance, and unemployment insurance, to include farm workers and others not now covered, would encourage consumption expenditures during unemployment and retirement (p. 14-17).

111. U. S. DEPT. OF AGRICULTURE. INTERBUREAU COORDINATING COMMITTEE ON POST-WAR PROGRAMS Social Security for farm people; questions and answers. U. S. Dept. Agr., A. I. S. 45, 14 p. Jan. 1946. 1 Ag84A1

Prepared in cooperation with U. S. Social Security Board.

A series of questions and answers covers those most often asked and answered concerning the present social security system, its lack of coverage for farm workers, and the desirability of including them. The present system includes old-age and survivors insurance, unemployment compensation, and public assistance.

112. WOODWARD, E. S. What social security can mean to the South. Social Security Bul. 8(7): 2-7. July 1945. 173.2 So1Soc

How effectively is the operation of the social security program fulfilling in the South the intent of Congress to make more adequate provision for the security of the people? Failures to do this, and the reasons, are noted.

Some failures may be remedied by liberalization of the system, by coverage of farmers and farm laborers, and by expansion to include medical care. Improvements in benefits would come with equalization of income between the South and the rest of the Nation.

#### FARM WORKERS AND OLD-AGE AND SURVIVORS INSURANCE

The Social Security Act passed in 1935 went into effect on January 1, 1937. It comprised measures for old-age and survivors insurance, unemployment compensation, and public assistance. Agricultural workers as such were not covered by the first two. But now not only are some farm operators and their organizations asking for this insurance, but all are helping pay for the old-age and survivors insurance of nonfarm employees because its costs are included in the prices they pay for their supplies.

Many hired farm laborers want the same protection against old-age for themselves and their families which most nonfarm workers in commerce and industry have. Those who have left covered industries to work on farms after they have acquired insured status find their protection diminishing and expiring. Some workers refuse farm jobs only because such employment is not covered by old-age and survivors insurance.

113. ALTMAYER, A. J. Improving old-age and survivors insurance. Social Security Bul. 9(3): 3-10. Mar. 1946. 173.2 So1Soc

The statement of the Chairman of the Social Security Board before the House Committee on Ways and Means (79th Congress) is given. It deals with liberalization of the Social Security Act, and administrative problems. It is proposed to extend its coverage to the self-employed including farm operators.

114. ALTMAYER, A. J. Social security for farm people. Social Security Bul. 7(4): 3-5. Apr. 1944. 173.2 So1Soc

Farm workers should be covered by the Social Security system against economic disaster as are most other workers. They need it because of the low average incomes with which they are supporting more than their share of the young and the old; also, to prevent the loss of acquired rights after they have worked in covered industry and paid Social Security taxes. The experience gained by the Social Security Board has shown practicable ways of including farm workers.

115. ANDREWS, D. K. Old-age security for the American farm population. Jour. Farm Econ. 27(3): 634-648. Aug. 1945. 280.8 J822

Part of organized agriculture opposes the extension of old-age and survivors insurance coverage to farm operators and hired farm laborers, including sharecroppers, but popular opinion increasingly favors it. Ways and means of overcoming the administrative difficulties are suggested.

116. ANTHONY, S. C. Social security benefits for farmers. Tex. Farming and Citric. 24(6): 15. Dec. 1947. 80 T31

Reasons why farm people should have old-age and survivors insurance are noted. How they are already helping support the system but not receiving benefits is indicated.

117. BEATTY, J. Will you get your share of social security? Amer. Mag. 137(2): 43, 105-106, 109. Feb. 1944. Libr. Cong.

The direct benefits of the old-age and survivors insurance to its beneficiaries are described. There are also indirect benefits to the public in the extent to which social security benefits are able to keep people off of relief rolls supported by taxation.

118. BENEDICT, M. R. A retirement system for farmers. Natl. Planning Assoc. Planning Pams. 49, 43 p. Jan. 1946. 280.9 N2153

The problems of old-age, disability, and death among farm workers are discussed. Extension of old-age and survivors insurance to farm operators, hired farm laborers, and sharecroppers is favored. Recommendations urge a simple system for the collection of contributions, a 2-percent contribution of net income by farm operators, and liberalized benefits.

119. BENEDICT, M. R. Your income when you quit work. Wallaces' Farmer 70(7 i.e. 9): 366. May 5, 1945. 6 W15

"Social security for farmers could mean a modest income after retirement." The majority of farm operators,



and most hired farm laborers, can save little or nothing for old age. When no longer able to work, they must ask for public assistance. The proposals for old-age and survivors insurance for farm workers are explained. The need for it seems clear.

120. CORSON, J. J. Treasury plans for extending old-age and survivors insurance. *Amer. Econ. Security* 5(1): 9-15. Jan. 1948. U. S. Fed. Security Agency Libr.

The Treasury Department has presented three plans for collection of social security taxes from classes now excluded--particularly agricultural and domestic workers. The writer considers some of the problems involved.

121. CURTIS, C. T. Do farmers want social security? *Nebr. Farmer* 88(11): 28. June 1, 1946. 6 N27

It is unjust that nonfarm employees can obtain old-age and survivors insurance, but farm operators, hired farm laborers, and the self-employed cannot. Are farmers willing to pay the price for social security benefits?

Also in *Cong. Rec.* 92 (Appendix): 3373-3374. June 6, 1946. 148.2 R24

122. DANIELS, E. A. Do we farmers want social security? *New England Homestead* 119(7): 24-25. Apr. 13, 1946. 6 N442

The proposals for coverage of farmers by old-age and survivors insurance are explained, and reasons for and against them are listed. "...most farm organizations... favor including the farmer and his permanent help."

123. DUNCAN, O. D. Social security for farmers and farm workers. *Cur. Farm Econ.* 18(6): 146-154. Dec. 1945. 100 OK4

Do farmers want a social security program? If so, how must the present program be changed to fit? Reasons farm people should understand the present social security system, the proposals for coverage of farm workers, and the financing are discussed. Steps in the extension of social security to farm people include informing their leaders of the proposals and expected benefits, and developing a structurally and functionally simple system.

124. EKE, P. A. Farm old-age security: chance for youth and veterans. *Land Policy Rev.* 8(2): 23-26. Summer 1945. 1 Ec7La

More farmers would retire and make way for younger men if they could be assured reasonable life incomes. Farmers will doubtless eventually be covered by old-age and survivors insurance. To supplement this the writer suggests a system allowing purchase of Government-guaranteed life annuities.

125. FALK, I. S., and COHEN, W. J. Social Security for farm people. *Jour. Farm Econ.* 28(1): 84-96. Feb. 1946. 280.8 J82

A statement of the purposes of a social security program is followed by discussion of the needs of rural people for such a program. Only public assistance now meets these needs. Such costs could be met on an insurance basis. Farm people working part time in covered industries are paying Social Security taxes, but they seldom acquire benefit rights. The costs of proposed social insurances are estimated thus: for farm operators --5 percent of their earned incomes; for hired farm laborers--4 percent of their wages, plus some amounts contributed by their employers and by the Government.

126. KENDRICK, B. B. The new blue-print for old-age and survivors insurance. *Amer. Econ. Security* 4(5): 7-16. Aug./Sept. 1947. U. S. Fed. Security Agency Libr.

Senate bill S. 1679 (80th Congress) is analyzed. It is called "educational"--presenting for public discussion proposals for the extension and liberalization of the social security system. It notes the omission of proposals as to costs and taxation.

127. KOLB, J. H., BRUNNER, E. de S., and OGBURN, W. F. A study of rural society. Ed. 3. Boston, Houghton Mifflin Co. 1946. 717 p. 281.2 K83

Chapter 24, pp. 610-636, "Rural Welfare and Social Security," outlines the economic difficulties that face rural families. The work of agencies seeking to alleviate them is sketched. Farmers did not ask to be, and were not included in the original coverage of the Social Security Act. Such inclusion is now being considered. Bibliography.

128. LYLE, R. H. Twelve million farmers without social security protection. *Fla. State Hort. Soc. Proc.* 57: 23-25. 1944. 81 F66

Farmers and hired farm laborers are not covered by Social Security, but they help pay for the coverage of others. The needs of farm workers for it are sketched.

Those in need now have recourse only to public assistance, creating a heavy load of taxation which could be relieved by extension of social security coverage to farm people.

129. McDONALD, A. Farm: Social security ahead. *New Repub.* 118(3): 35. Jan. 19, 1948. 280.8 N42

Laborers are beginning to ask why they are not covered by social security on farm jobs as they are on industrial jobs. Farm operators, also, are asking why they themselves cannot be covered. A recent Treasury Department report effectively answers the arguments against social security coverage for farm workers. It is practicable to cover them.

130. MURRAY, J. H. Bringing security benefits to farmers. *West. Farm Life* 50(3): 9, 21. Feb. 1, 1948. 6 R153

Farm workers were excluded from social security coverage because of expected administrative difficulties. Consequently they have none of its protection as farm workers, and they lose what benefit rights they may have earned while employed in covered industries. It has now been found practicable to include them. This would help needy families, and reduce demands for public assistance, particularly a burden on the more agricultural States.

131. MURRAY, J. H. What farmers are missing. *West. Farm Life* 50(2): 9, 13. Jan. 15, 1948. 6 R153

The old-age and survivors and the unemployment compensation programs of the Social Security Act are explained--contributions and benefits. Their costs are cheap compared to private insurance. But farmers are excluded from Social Security coverage.

132. MURRAY, M. G., and PANCOAST, E. Trends in old-age insurance and old-age assistance. *Social Security Bul.* 8(9): 12-15. Sept. 1945. 173.2 SoISoc

The purposes, similarities, and differences of old-age insurance and old-age assistance are outlined. In time the former will play an increasingly large part in support of the aged. Some needed improvements in it are noted. These include coverage of farm workers.

133. NELSON, L. Farm retirement in Minnesota. *Minn. Agr. Expt. Sta. Bul.* 394, 20 p. Mar. 1947. 100 M66

Active elderly farmers were interviewed as to their plans for retirement, and retired farmers as to the causes and history of their retirement. Retirement ages were largely in the 60's, ill health the most frequent cause, farm rentals the leading source of support after retirement. Half of the retired farmers moved to town.

134. NIEDERFRANK, E. J. Farm people and social security. U. S. Dept. Agr. Ext. Serv. Cir. 458, 17 p. June 1949. 1.9 Ex892 Esc

The circular was prepared to promote careful study of old-age and survivors insurance by farm people. Some reasons are given for the need of such insurance by farm operators and hired farm laborers, and some indications of the benefits which might be received if farm people were to be covered.

135. PARSONS, K. H. Social security for farm people. *Jour. Farm Econ.* 28(1): 97-110. Feb. 1946. 280.8 J822

The advantages and disadvantages of extending Social Security coverage to hired farm laborers and to farm operators are discussed. Such coverage is considered desirable.

136. POGGE, O. C. Farm people and social security. *Ext. Serv. Rev.* 19(2 / 3): 26-27. Feb./Mar. 1948. 1 Ex892Ex

The principal aspects of the present old-age and survivors insurance program of the social security system are summarized. Suggestions are made as to how the extension of the program to them would benefit farm people.

137. SAFIER, F., USEEM, J., and QUINN, W. Farmers and farm laborers in employment covered by old-age and survivors insurance. *Social Security Bul.* 6(6): 18-24. June 1943. 173.2 SoISoc

Surveys in Iowa and Arkansas show that significant numbers of farm operators and hired farm laborers have engaged part-time in industries in which they have paid social security taxes. But because their employment there was part time, few have acquired insured status. If social security coverage can be extended to agriculture these workers would not lose their benefit rights.

138. SPARKS, MRS. M. B. Farm social security. *Farm and Ranch* 66(5): 52. May 1947. 6 T31

A farm woman who at first opposed the idea of extending social security coverage to farm people tells why she now favors it.



139. TRAFTON, G. H., and FEINROTH, L. H. State differences in insurance status under old-age and survivors insurance. Social Security Bul. 7(8): 6-11. Aug. 1944. 173.2 SoISoc

The higher the proportion of persons in a State who are not covered by old-age and survivors insurance, the higher is the proportion of workers there who lack insured status even though they have social security accounts. And the proportion of workers who lack this insured status tends to be higher in the more largely rural-farm populations. This indicates that many farm workers take part-time seasonal employment in covered employment to supplement their farm earnings.

140. TUTT, E. L. What's retirement worth? Prog. Farmer Miss.-Ark.-La. Ed. 63(6): 44. June 1948. 6 So81

The benefits paid by old-age and survivors insurance are tabulated and discussed, as are the costs of contributions by the wage workers. Farm workers are excluded from this bargain insurance.

141. TUTT, E. L. Why leave farmers out? Prog. Farmer Miss.-Ark.-La. Ed. 63(5): 64. May 1948. 6 So81

The injustice of excluding farm operators and laborers from coverage of old-age and survivors insurance is becoming recognized among farm workers themselves. There is an explanation of how the insurance is supported by employer and employee payments, and what the benefits are to survivors of deceased wage-workers.

142. TUTT, E. L. Why leave farmers out? Prog. Farmer Miss.-Ark.-La. Ed. 63(9): 44. Sept. 1948. 6 So81

A recent Belden poll showed that 78 percent of Texans interviewed favored old-age and survivors insurance coverage for farm people. Reasons why they should be covered are given and proposed methods of operation are outlined.

143. U. S. SOCIAL SECURITY ADMIN. Federal old-age and survivors insurance. U. S. Social Security Admin. I. S. C. 35, 21 p. Jan. 1947. 173.2 SoIC

For the average person covered by old-age and survivors insurance, the objects and financing of the system are explained, as are his rights and benefits under it.

144. U. S. SOCIAL SECURITY ADMIN. Federal social security: how you and your family are protected by old-age and survivors insurance. U. S. Social Security Admin. I. S. C. 63, 35 p. Nov. 1947. 173.2 SoIC

General information is given concerning the purposes, financing, and benefits of old-age and survivors insurance.

145. WILDER, R. N. Farm workers and security. New England Homestead 120(6): 6, 11. Mar. 22, 1947. 6 N442

Farm operators have very little security or reserves with which to meet emergencies. Hired farm laborers have less. Millions who work in industry and commerce have old-age and survivors insurance. Farm workers could have the same protection. They were excluded because of administrative difficulties which have now been solved. "Agriculture, as an occupation, is ripe for old-age and survivors insurance."

146. WOODBURY, C. Social security pays off. Amer. Mag. 143(5-A): 14, 16, 19. Vacation issue, 1947. Libr. Cong.

Questions and answers concerning the old-age and survivors insurance system explain its coverage and benefits under representative circumstances. They also give assurance that the system's funds will be used only for the intended purposes. Farmers and agricultural laborers are among those now excluded from coverage.

147. WOODWARD, E. S. They want more social security. Independent Woman 24(1): 11, 26. Jan. 1945. Libr. Cong.

There is increasing public interest in social security, as shown by growth of commercial and industrial pension plans supplementing the old-age and survivors insurance, and by the growing demand for coverage by classes of workers now excluded from it. These classes include farm operators and hired farm laborers.

148. ANONYMOUS. Social security on the farm. Rur. New Yorker 98(5677): 616. Oct. 2, 1948. 6 R88

An editorial notes that an influential State college official urges the extension of the social security program to farm workers and to self-employed farmers. The writer presumes that lack of farm support accounts for the fact that no action has been taken.

In addition to old-age and survivors insurance the majority of nonfarm employees have another social protection--unemployment insurance or compensation. This provides them with reduced incomes for a limited time if they lose their jobs for no fault of their own. It is proposed to extend unemployment insurance to hired farm laborers.

Unemployment insurance is financed mostly by contributions from employers based upon the wages they pay to their employees. In a few States, employees also contribute.

149. CURTIS, W. R. Unemployment compensation in the South. Amer. Econ. Security 5(8): 22-28. Dec. 1948. U. S. Fed. Security Agency Libr.

Dominance of agriculture in the South largely explains why less than a third of the workers there are covered compared with half in other areas. Southern benefit provisions are less liberal, eligibility conditions are stricter, the proportion of applicants refused is higher, and benefit payments average decidedly lower than in other parts of the country.

150. U. S. ADVISORY COUNCIL ON SOCIAL SECURITY. Unemployment insurance. 80th Cong., 2d sess. S. Doc. 206, 103 p. 1948. Libr. Cong.

The characteristics of the State-Federal unemployment insurance are outlined, and its deficiencies noted. The Council recommends the coverage of specified borderline agricultural workers by the insurance. It would be desirable, if practicable, to have all jobs covered, but because of the administrative problems involved, the Council does not recommend that unemployment insurance be extended now to farm workers as a whole. There are recommendations for improvements in the program, and for study of supplementary plans.

For a summary, see Unemployment insurance: recommendations of the Senate Advisory Council. Social Security Bul. 12(1): 12-20. Jan. 1949 (173.2 SoISoc).

151. U. S. SOCIAL SECURITY ADMIN. This is unemployment insurance. U. S. Social Security Admin. I. S. C. 61, 8 p. Sept. 1946. 173.2 SoIC

The unemployment insurance system is explained. The benefits of such insurance to unemployed persons and their communities are outlined.

152. ANONYMOUS. Unemployment compensation in the reconversion period: Recommendations of the Social Security Board. Social Security Bul. 7(10): 3-8. Oct. 1944. 173.2 SoISoc

"...unemployment compensation needs to be extended to many groups not now included in the system." Among them are agricultural workers. "Every State which feels capable of so doing should extend coverage to agricultural labor;... at a minimum, workers on industrialized farms should be included. ...The administrative task... should create no difficult problem."

153. ANONYMOUS. Unemployment insurance goals--1947: recommendations for improving State legislation. Social Security Bul. 10(1): 5-10. Jan. 1947. 173.2 SoISoc

The suggestions of the Social Security Board for improvements in State laws relating to unemployment insurance include coverage of hired farm laborers.

#### FARM WORKERS AND DISABILITY INSURANCE

Disability insurance is intended to provide a worker and his family a reduced income while he is unable to work because of illness or injury which did not result from his employment. Such disability lasting less than 6 months is called temporary; lasting 6 months or longer, extended (or permanent) disability.

Temporary disability insurance is proposed for hired farm laborers, and extended (or permanent) disability for them and also for their employers.

Disability insurance is not intended to cover cases to which workmen's compensation applies. Workmen's



compensation is insurance to provide medical care to an employee who is injured or becomes sick as a result of his job, and to provide him and his family a reduced income during his disability, or in case of his death. This compensation has been in effect for years in most States, but it has seldom been available to hired farm laborers.

154. ALTMAYER, A. J. Temporary disability insurance coordinated with State unemployment programs. Social Security Bul. 10(3): 3-8. Mar. 1947. 173.2 SolSoc

Experience has shown the need of temporary disability insurance to protect workers unable to work because of illness. Rhode Island and California now have it. The scope of present laws and proposals are given.

155. COWAN, H. L. Compensation for sickness in Rhode Island. Monthly Labor Rev. 60(2): 225-242. Feb. 1945. 158.6 B87M

The law, effective May 10, 1942, provides cash benefits to workers unable to work because of nonoccupational sickness. Financing, operations, benefits, and problems of administration are outlined.

156. MacDONALD, W. D. Recent developments in Rhode Island cash sickness benefits. Monthly Labor Rev. 63(1): 21-25. July 1946. 158.6 B87M

Administrative experience has furnished the basis for amendment of the Rhode Island cash sickness compensation act--for both tightening and liberalizing its provisions.

157. NEWTON, M. W. The Rhode Island cash sickness compensation program. State Govt. 18(9): 156-159. 161. Sept. 1945. 280.8 St2

The history, purposes, and operations of the plan are outlined. Some of its weaknesses are noted.

158. STICKER, H. D. Cash disability benefits in California. Monthly Labor Rev. 63(2): 236-242. Aug. 1946. 158.6 B87M

The provisions of the Nation's second State law providing cash compensation for illness causing unemployment are outlined.

159. U.S. ADVISORY COUNCIL ON SOCIAL SECURITY. Permanent and total disability insurance. 80th Cong. 2d sess., S. Doc. 162, 26 p. 1948. Libr. Cong.

The establishment of permanent and total disability insurance administered in connection with the old-age and survivors insurance as a single system is recommended. Suggestions cover eligibility, benefits, and measures for rehabilitation. Financial support would be by contributions from workers and their employers.

Two of the committee's 17 members prefer State public assistance to the totally and permanently disabled rather than a Federal contributory system.

Also in Item 27.

#### HEALTH CARE SITUATIONS AMONG FARM PEOPLE

160. ALABAMA. STATE PLANNING BD. Health and medical care in Alabama; an inventory of conditions and a proposed hospital plan. Montgomery, 1945. 143 p. 280.7 AL13H

Postwar Planning Commission of the State of Alabama and Alabama Department of Health cooperating.

Here are shown the distribution and adequacy of the Alabama medical personnel and facilities; the State's health position among other States; costs and methods of paying for medical care; relation of income to medical care expenses; distribution of medical personnel.

161. COMMITTEE ON THE COSTS OF MEDICAL CARE. Medical care for the American people. Committee on the Costs of Medical Care: Pub. 28, 213 p. Nov. 1932. 448.9 C732

The summary of the findings of the Committee on the Costs of Medical Care includes statements as to the present status of medical care, and desirable programs for the future. Recommendations include group medical practice, group payment for service, and extension of public health services.

162. CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES FOR RURAL PEOPLE, CHICAGO, 1944.

Medical care and health services for rural people. Chicago, Farm Foundation, 1944. 226 p. 448.9 C7644M

The proceedings of a conference at Chicago, April 11-13, 1944, are reported. The problems of rural people in

obtaining medical care, and the essentials and development of rural health services (including prepayment plans), are among topics discussed.

163. DAVIS, M. M. Putting teeth into health. Survey Graphic 35(1): 18, 27-28. Jan. 1946. 280.8 C37

The dental personnel of the Nation is inadequate and badly distributed. Practice is mostly corrective work for adults of the upper earning classes. Children and the poorer economic groups are neglected.

164. FOREMAN, P. B. Deaths in the absence of medical care in Mississippi, 1933-1938. Rural Sociol. 12(2): 177-178. June 1947. 281.28 R88

About 5 percent of deaths of white persons, and 23 percent of those of colored persons, occur without medical care.

165. GARNETT, W. E. Our medical care system -- next steps. Va. Farm Econ. (99): 1100-1105. June 1947. 275.29 V813

The Virginia State health situation is indicated. Better rural distribution of medical care personnel and facilities are needed. There are also needed better popular understanding of health and medical care problems, and adequate support of health services.

166. GARNETT, W. E. Rural medical care on the march. Va. Polytech. Inst. Bul. 38(4), 26 p. Feb. 1945. 448 G183

Medical care for rural people is inadequate, costly for many, and promises to become less adequate. There is ample precedent for increased public support for health care. Only Federal security proposals promise adequate coverage. Data are given on the Virginia rural and State medical care situation.

167. GARNETT, W. E. The Virginia rural health and medical care study. Va. Agr. Expt. Sta. Rural Sociol. Mimeog. Rept. 27, 9 p. Oct. 1943. 100 V81M

Sick people in rural Virginia frequently fail to obtain needed medical treatment because of its cost and the inadequacy of medical services. It is difficult to render full services to a low-income, scattered population. Farm families studied reported that annual costs for medical care averaged \$55, and 10 percent of them had costs of more than \$100. The average net income of farm operators in the State in 1939 was \$463.

168. GREGORY, C. L., and others. The health of low-income farm families in southeast Missouri. Mo. Agr. Expt. Sta. Res. Bul. 410, 44 p. Aug. 1947. 100 M693  
Z. E. Bankert, A. McDowell, and C. E. Lively, joint authors.

The Farm Security Administration in 1941 conducted in southeastern Missouri physical and dental examinations among farm laborer and renter families. An average of 3.8 defects or diseases per person were found. Many of these handicapped their victims. The principal defects and diseases, and their incidence are noted for whites and for colored, male and female. The people need education concerning diet and health habits, and the possibilities of medical treatment. Medical care in the area and among these people is limited by inadequate personnel and facilities; and by low demand for it, due to poverty and ignorance.

169. GRUNFEL, J. Postwar outlook for physicians. Monthly Labor Rev. 61(6): 1094-1111. Dec. 1945. 158.6 B87M

Prospective postwar demand for physicians is large. Over years, the increase in number of physicians has fallen behind that of population. Distribution is poor, especially in low-income and rural areas.

170. HALVORSON, L. C. Things you should know about rural health. Natl. Grange Monthly 44(8): 10. Aug. 1947. 6 N215

Data show the disadvantaged position of rural people in health care personnel, facilities, and services. Suggestions for improving rural health are given. Insurance for the cost of health care and rural efforts to obtain better facilities are favored.

171. HAMILTON, C. H. Medical care needs and plans for rural people in North Carolina. Raleigh, N. C. State Col. of Agr., 1944. 13 p. 448 H185

Articles on farm folks' problems deal with the securing and paying for medical care, and proposals for prepayment systems, including social security.

172. HAMILTON, C. H. Medical care services in North Carolina. N. C. Agr. Expt. Sta. Prog. Rept. RS-4, 82 p. Feb. 1945. 100 N81P

This tabular and graphic summary gives national and North Carolina data concerning medical care personnel and facilities; vital statistics; and expenditures for public health. For the State there are additional data, including rural-farm level of living, and income of farm families.



173. HAMILTON, C. H., HOLLOWAY, M. E., and COLE, M. M. Rural North Carolina needs doctors. *Res. and Farming* /N. C. Sta. 7 Prog. Rept. 3(1): 2-3. Oct. 1944. 100 N81R

In 1944 rural areas of North Carolina had one physician per 5,174 people; cities had one per 323. Young physicians prefer to locate in cities near hospitals, where they can make a better living.

174. HOFFER, C. R. Health and health services for Michigan farm families. *Mich. Agr. Expt. Sta. Spec. Bul.* 352, 54 p. Sept. 1948. 100 M58S

A survey of 306 farm families in 3 Michigan counties concerning medical needs, care, personnel, and facilities as of 1946 showed that about half of these persons needed medical care, but that nearly a third had had none except possibly home care. During the 12 months preceding interview, average medical care expenses per family were: for general practitioner, \$50; dentist \$20; hospital \$29. A fifth of the families had had hospital care. A majority of the families approved of prepayment plans for medical and hospital bills. More than a third favored paying for them from public funds as is done for social security.

175. HOFFER, C. R. Medical needs of the rural population in Michigan. *Rural Sociol.* 12(2): 162-168. June 1947. 281.28 R88

A survey of 1,219 persons in farm families in Michigan showed that nearly half needed medical care, of whom somewhat more than half had not consulted a doctor. The need for medical care increased with age, and with decline in income. A fourth of the families reported that they had no family doctor; and a third no dentist. Two-fifths of families did not consider the medical service in their locality good, mainly because of difficulty or impossibility of getting a doctor to call at the farm home, or of delay in seeing him promptly at his office and getting a satisfactory, unhurried examination.

176. HOLLINGSWORTH, H., KLEM, M. C., and BANEY, A. M. Medical care and costs in relation to family income. *U. S. Social Security Admin. Bur. Res. and Statis. Bur. Memo.* 51, Ed. 2, 349 p. May 1947. 173.2 S01Bu

This comprehensive compilation of data on medical care needs, medical personnel and facilities, of expenditures for services, and on prepayment plans for medical care gives considerable reference to rural and farm family medical care.

177. KAUFMAN, H. F., and MORSE, W. W. Illness in rural Missouri. *Mo. Agr. Expt. Sta. Res. Bul.* 391, 55 p. Aug. 1945. 100 M693

A study in 1,544 open-country households showed that in areas agriculturally poor and relatively distant from medical care facilities, illness rates were higher than average; also that low-income families with least ability to pay for them had most illnesses and least medical care. Action is needed to prevent and reduce illness and its social and economic costs.

178. KAUFMAN, H. F. Use of medical services in rural Missouri. *Mo. Agr. Expt. Sta. Res. Bul.* 400, 54 p. Apr. 1946. 100 M693

The use of medical care, medical personnel, and facilities is shown. Facilities and medical care received are inadequate according to good standards. Income and accessibility are factors largely controlling use.

179. LARSON, G. Fact sheet on rural health and sanitation. Washington, U. S. Dept. Agr., Off. of Inform. 1945. 4 p. 1.914 A2 F115

Rural people have inadequate medical care facilities and sanitation. Some of the programs and agencies operating to improve the situation are noted. But few rural people are as yet taking part in the programs or receiving their benefits.

180. LIVELY, C. E., and LIONBERGER, H. F. The physical status and health of farm tenants and farm laborers in southeast Missouri. Preliminary report no. 2. /The physical defects of adult males./ Columbia, Mo., Univ. of Mo. 1942. 21 p. 449.15 L74

Data obtained by examination of 695 white and 420 Negro adult males, borrowers from the Farm Security Administration, show that a considerable number of the men were seriously handicapped by physical defects, many of which could have been remedied by proper care. The defects and diseases are summarized.

181. LIVELY, C. E., and LIONBERGER, H. F. The physical status and health of farm tenants and farm laborers in southeast Missouri. Preliminary report no. 3. /The physical defects of adult females./ Columbia, Mo. Univ. of Mo. 1942. 18 p. 449.15 L74

Data obtained by examination of 670 white and 394 Negro adult women in families of farm tenants and share croppers show that a large number of them were seriously handicapped by physical defects, many of which could have been remedied by proper care. A summary of the findings of defects and diseases is given.

182. LIVELY, C. E. Rural health and medical service in Missouri. Columbia. Mo. Agr. Expt. Sta. 1943. 23 p. 449.15 M69

The number of physicians in Missouri is declining, especially in rural areas. Fewer young doctors are locating there. There is considerable illness, much of it prolonged. Many people are at a considerable disadvantage because of distance from medical facilities and because of inability to pay for medical care.

183. McNAMARA, R. L. Changes in the characteristics and number of practicing physicians in rural Ohio, 1923-1942. *Rur. Sociol.* 9(1): 10-20. Mar. 1944. 281.28 R88

Although population in the four rural counties studied has increased, the number of physicians has decreased. The result has been increasing disparity in availability of medical care between urban and rural areas.

184. MANGUS, A. R. Health and human resources in Ohio. *Ohio Agr. Expt. Sta. Mimeog. Bul.* 176, 61 p. May 1944. 281.9 Oh32

Considerable attention is paid to rural health conditions in this study of health conditions and facilities. Development and adoption of a health care policy is urged.

185. MANGUS, A. R. Health defects of selective service registrants in rural Ohio. *Ohio Agr. Expt. Sta. Mimeog. Bul.* 178, 22 p. Aug. 1944. 281.9 Oh32

Data concerning results of selective service medical examinations of draftees are analyzed. The situation points to need of a postwar improvement in rural health services.

186. MANGUS, A. R. The health of farm people. *Farm and Home Res.* 32(244): 15-19. Jan./Feb. 1947. 100 Oh3S

Health progress is more rapid in cities than in rural areas, as shown by infant mortality and selective service records of examinations of men of draft age. Rural people lack health services and facilities. Improvements are needed.

187. MARYLAND STATE PLANNING COMMISSION. Medical care in the counties of Maryland. *Md. State Planning Com. Pub.* 40, 80 p. Apr. 1944. 280.7 M36Pu

Medical care personnel, facilities, and their utilization by the populace are reported.

188. MATHER, W. G. The use of health services in two southern Pennsylvania communities. *Pa. Agr. Expt. Sta. Bul.* 504, 38 p. July 1948. 100 P381

A survey in 1946 in each of two southern Pennsylvania counties related to health care, and to medical personnel and facilities and their use by 513 rural and 463 town families. Topics include costs, use of insurance for payment, and factors (such as distance, age, education, and income) that affect use of health services. The implication is that rural families need more care than they receive--more so than town families.

189. MAYO, S. C. Distribution of dentists in North Carolina. *N. C. Agr. Expt. Sta. Prog. Rpt.* RS-7, 19 p. Mar. 1946. 100 N81P

The inadequate number and distribution of dentists in the State are shown. Lack of proper dental care is extremely damaging to the health of a large part of the people.

190. MAYO, S. C. and FULLERTON, K. S. Medical care in Greene County. *N. C. Agr. Expt. Sta. Bul.* 363, 31 p. Nov. 1948. 100 N81

A survey among 266 households concerning medical needs, care received, personnel, and facilities as of 1945 showed the relatively disadvantaged situation of this North Carolina county, and its farm people. The county is typical of many other Southern agricultural counties.

191. MAYO, S. C. Negro hospital and medical care facilities in North Carolina. *N. C. Agr. Expt. Sta. Prog. Rpt.* RS-5, 20 p. Apr. 1945. 100 N81P

Facilities, services, and personnel available to Negroes for health care are shown. The results of the poor health care situation among Negroes are shown in high mortality rates and other results. Suggestions are made for coordinating health care facilities and services.

192. MEIER, I., and LIVELY, C. E. Family health practices in Dallas County, Missouri. *Mo. Agr. Expt. Sta. Res. Bul.* 369, 32 p. June 1943. 100 M693

Farm family practices in medical care in a relatively poor farming area are analyzed. Family income is low,



medical facilities are limited, travel is at times difficult because of poor roads. Low-income families get least benefit from medical services partly because of lack of money, and partly because of not going to a doctor early in an illness. Home treatment is widespread and often unintelligent.

193. MOTT, F. D., and ROEMER, M. I. Rural health and medical care. New York. McGraw-Hill. 1948. 608 p. 448 M853

Here are portrayed the disadvantaged situations of rural people in regard to their health, medical care, medical personnel, and medical facilities. Efforts to improve the situations have included voluntary prepayment plans; but these have limitations preventing their bringing "anything approaching maximum health opportunity to the majority of our 57 million rural citizens." ... "Fortunately another way lies before us." ... President Truman's proposal for a compulsory national health insurance as part of the social security system.

194. MOTT, F. D. Rural health parity: Federal-State cooperation. Land Policy Rev. 8(1): 9-14. Spring 1945. 1 Ec7La

How can rural areas obtain adequate medical services, and pay the bills? The public is accepting the principle of group prepayment, and swinging toward compulsory coverage. Proper development of rural health facilities and services requires team work by local, State and Federal groups.

195. MOUNTAIN, J. W., PENNELL, E. H., and BROCKETT, G. S. Trends in dentist-population ratios. Pub. Health Repts. 61(47): 1,689-1,701. Nov. 22, 1946. 151.65 P96

Relatively fewer dentists were available to serve the population in 1940 than in 1930. They were poorly distributed in relation to the population, particularly in the South, and in areas of low income. Proportions of elderly dentists are increasing; of young ones, decreasing.

196. MYERS, J. F., and COWLES, M. L. Rural family expenditures for medical care. Rural Sociol. 12(4): 426-429. Dec. 1947. 281.28 R88

A survey among 148 farm families borrowing from the Farm Security Administration in Wisconsin showed average net incomes of \$2,237 per year, and expenses for medical care of \$107, of which 8 percent was to pay back bills. Disregarding the last, one-third of expenditures were for physicians, one-sixth for hospital care, one-sixth for dentists, one-seventh for medicines and supplies.

197. NEW YORK (STATE) LEGISLATURE. COMMISSION ON MEDICAL CARE. Medical care for the people of New York State. Rochester, 1946. 504 p. 449.1 N4822

The existing medical care and medical care insurance in the State are shown. There is public demand for a better system of financing medical care. The Commission believes the public is not ready for it, nor are facilities available, but there appears to be "no plan for medical care financed on a compulsory basis, less than comprehensive, upon which the Commission could agree."

198. NORTH CAROLINA GOVERNOR'S COMMISSION ON HOSPITALS AND MEDICAL CARE. Medical care and hospital facilities for rural people in North Carolina. Raleigh. 1944. 10 p. 448 N813

The needs for physicians, hospitals, clinics, and prepayment health care plans are outlined. Recommendations are made for increased medical education (and the pledging of young doctors to practice for some years in rural areas under certain conditions), group medical plans, medical care funds, hospitals, and clinics.

199. NORTH DAKOTA STATE HEALTH PLANNING COMMITTEE. Medical care and health facilities in North Dakota. Fargo, 1945. 41 p. 448 N814

N. D. Agr. Col. and U. S. Dept. of Agr. cooperating. The medical care personnel and facilities of the State are shown. Local studies of local situations are encouraged.

200. NORTHERN GREAT PLAINS AGRICULTURAL ADVISORY COUNCIL. SUBCOMMITTEE ON HEALTH. Medical care and health services for farm families of the northern Great Plains; proceedings of the Subcommittee on Health. n. p., 1945. 448.9 N81

The proceedings of a conference of the Subcommittee on Health of the Northern Great Plains Council, May 17-19, 1945, are reported. Topics include health care facilities of the northern Great Plains, and their administration, and plans for medical care there.

201. PENNOCK, J. L., and ANGLE, G. M. What farm families spend for medical care. U. S. Dept. Agr. Misc. Pub. 561, 18 p. Agr. 1945. 1 Ag84M

Graphs and text show the medical care expenses of farm families of specified income levels, and the rural-urban differences in such expenses.

202. ROBERTS, K. What postwar practice do doctors want? Med. Care 4(3): 203-205. Aug. 1944. 448.8 M4692

In responding to an inquiry addressed to doctors in the armed services, only 12 percent of those replying expressed preference for rural practice after the war.

203. ROREM, C. R. What farm families expect of hospitals and doctors. Hospitals 18(5): 37. May 1944. Libr. Cong.

Farmer use of medical personnel and facilities is handicapped by their low incomes, distances from medical services, unfamiliarity with modern medical facilities. They are taking group action toward better medical care as shown by formation of health associations under the Farm Security Administration, and by Blue Cross memberships. Farm organization attitudes are noted.

204. TATE, L. B. Health and medical care situation in rural Virginia. Va. Agr. Expt. Sta. Bul. 363, 51 p. Oct. 1944. 100 V81S

Country people, because of low incomes, the high costs of medical services, and the distances to medical services, are not receiving the full benefits of medical science. The situation appears to be growing worse. The unequal and frequently inadequate distribution of medical personnel and facilities is shown. Recommendations for improvement are given.

205. U. S. BUR. OF HUMAN NUTRITION AND HOME ECONOMICS. Medical expenditures of farm families in 1941 and 1945. Washington, 1947. 3 p. 1.982 A2M46

Northern farm families spent \$101 per family, or \$27.30 per person for medical care in 1945, compared to \$81 and \$20.25 by southern white, and \$40 and \$9.09 by southern Negro farm families, respectively. The medical costs of these families as a whole were 60 percent higher in 1945 than in 1941.

206. U. S. BUR. OF HUMAN NUTRITION AND HOME ECONOMICS. Medical expenditures of farm families in 1945. Washington, 1948. 3 p. 1.982 A2M462

In 1945, the average medical costs of northern farm-operator families was \$101, compared to \$81 for whites and \$40 for Negro families in the South. With lower incomes and more rural population, the South has more limited medical personnel and institutions than other parts of the country; and consequently less knowledge of the value of medical services, and less demand for them.

207. U. S. CHILDREN'S BUR. Facts about child health. U. S. Children's Bur. Pub. 294, rev., 31 p. 1946. 158.2 P96

Maternal and infant mortality death rates are too high, and children have too many dental and other defects. Too little is done to correct them. Rural health centers are often inadequate. Data show the present health situation, and public health and other Government maternal and health services are outlined.

208. U. S. CONGRESS. SENATE. COMMITTEE ON EDUCATION AND LABOR. National health program. Hearings . . . 79th Cong., 2d Sess., on S. 1606, to provide for a national health program. April 2, and later dates through July 10, 1946. Washington, 1946. 5 v. 449.1 Un34N

Testimony relates to the National Health Act of 1945 (S. 1606) which proposes increased Federal aid to States for health services, and a national system of health insurance. There are references to rural health situations and medical care needs, as well as to both voluntary and compulsory health care insurance.

209. U. S. CONGRESS. SENATE. COMMITTEE ON LABOR AND PUBLIC WELFARE. National health program. Hearings before a subcommittee . . . 80th Cong., 1st Sess., on S. 545 and S. 1320. May 21, 1947 and later dates ending June 1, 1948. Washington, 1947-48. 5 v. 449.1 C762

Testimony relates to the National Health Act of 1947 (S. 545), and to the National Health Insurance and Public Health Act of 1947 (S. 1320). There are frequent references to rural health situations and medical care needs; and to health care insurance, both voluntary and compulsory.

210. U. S. DEPT. OF AGRICULTURE. INTERBUREAU COMMITTEE ON POST-WAR PROGRAMS. Better health for rural America; plans of action for farm communities. U. S. Dept. Agr. Misc. Pub. 573, 34 p. Oct. 1945. 1 Ag84M

Prepared under the direction of F. D. Mott. The medical care situation and needs of rural people are shown. One of the ways to ease the burden of paying



medical bills is in prepayment groups. One of those ways could be through a Nation-wide group, that is, through a Social Security plan.

211. U. S. FEDERAL SECURITY AGENCY. The health of the nation. Washington, 1946. 7 p. U. S. Fed Security Agency Libr.

The national health situation is summarized. There have been heavy losses because of disability, even though recent gains have been made in reducing death rates. President Truman's program for improving facilities for health care, for encouraging medical education and research, for insurance against costs of medical care, is outlined. There is frequent reference to rural needs.

212. YAUKEY, J. B. Variation in amount of different kinds of medical care received by residents in rural and urban communities. Washington. U. S. Farm Security Admin. 1940. 19 p. 1.95 M46V

Comparative amounts of various types of medical care received by rural and town and city residents and by farm people are outlined. Rural and farm people usually get much less than do those living in towns and cities.

213. ANONYMOUS. Medical care group continues work on rural health plan. Amer. Farm Bur. Fed. Off. News Letter 24(15): 1, 3. July 24, 1945. 280.83 Am 3W

Farm bureau and medical association representatives advocate closer cooperation, local control of public health services, determination of medical needs, and voluntary prepayment plans for hospital care.

214. ANONYMOUS. National Conference on Rural Health; second annual meeting. Amer. Medical Assoc. Jour. 133(11): 778-785; (12): 860-867. Mar. 15, 22, 1947. 448.9 Am37

A report of a conference between members of the medical profession and farm organization leaders is given. The latter, especially, pointed out the medical care needs of rural people, and their small participation in voluntary prepayment plans for medical care.

215. ANONYMOUS. Rural health: vanishing country M. D. s. Newsweek 29(12): 56. Mar. 24, 1947. 280.8 N47

Since World War II the widespread shortage of doctors in rural areas has become greater. Few doctors released from the armed services have returned to rural areas because of low earnings and lack of equipment and hospitals. Farm organizations are urging voluntary prepayment plans for medical service, but are opposed by medical personnel who fear outsiders are trying to "run medicine."

#### HEALTH INSURANCE AND FARM WORKERS

The proposal that there be adopted a national compulsory health insurance as part of the Social Security system has probably been less understood by the public, and the subject of more dispute, than has any other proposal for additional social insurance. The proposals should be studied carefully; and the arguments of both those favoring and those opposing it need to be examined as to the accuracy of their statements and assumptions concerning the proposals.

Health insurance is intended to pay a part or all of the costs of the necessary care of health for a worker and his family, both to prevent and to cure illness, and to relieve them of the worry over ability to pay which so often prevents people from getting promptly the medical care needed.

Voluntary health insurance plans usually cover only specified care. Some provide to patients the services of hospitals, or of doctors while in hospitals. Few offer comprehensive care in the home, doctors' offices, and hospitals. No such plan is yet organized with Nation-wide uniformity or reciprocity of service. Other plans provide money with which to pay part of the costs of hospital or medical care. Support of voluntary plans is from dues or premiums paid by their members. Membership is usually restricted to groups and/or families with incomes under certain amounts.

Compulsory health insurance is intended to provide Nation-wide assurance of the payment of costs of necessary medical care to keep a worker and his family healthy, and to treat illness. Money for the payments would come from a special fund built up from contributions by the workers and their employers, and controlled by the Federal Government. Because of its responsibility for the

public welfare, the Government might contribute from general tax funds to meet deficits in the special fund.

216. BAUER, L. H. Medical care for the American people. Amer. Med. Assoc. Jour. 129(14): 945-947. Dec. 1, 1945. 448.9 Am37

The writer attacks proposals for a compulsory national health care insurance plan from the standpoint of the American Medical Association. He states the association's 14-point program for medical care, and makes suggestions for putting it into action.

217. BIRD, B. W., and REUSS, C. F. Prepaid health insurance for farm families. Wash. State Col. Ext. Serv. Bul. 316, 11 p. Oct. 1944. 275.29 W27P

Good and bad points of voluntary and compulsory health insurance are noted. The operations, services, and charges of several existing group insurance plans are charted, as well as those proposed by the Wagner-Murray-Dingell bills (S. 1161, H.R. 2861, 76th Congress).

218. BREWER, F. M. Public medical care. Ed. Res. Rpts. (1946) 2(10): 593-610. Aug. 30, 1946. 280 Ed42

The whole issue is devoted to the subject. Private and public health care, voluntary and compulsory prepayment plans, and proposals before Congress are outlined and arguments for and against them are noted. The new British plan for comprehensive medical care is outlined, as is the Soviet "state" medicine.

219. BRODINSKY, B. P. How shall we pay for health? Parents' Mag. 20(11): 20-21, 117-122. Nov. 1945. 320.8 C433

"Good health is purchasable but the average family can not buy it for itself. What is the solution? . . . Spread the risks and costs of illness among a large number of people . . . and over a long . . . time." The voluntary methods of doing this (group insurance for services or for financial benefits), and the proposed national compulsory health insurance plan are outlined. Advantages and disadvantages of each are noted.

220. EWING, O. R. The nation's health: a ten year program. Washington. U. S. Fed. Security Agency, 1948. 186 p. 176 N21

The health situation and needs of the Nation, including rural people, are shown. Contributory insurance seems to be the best method of paying for the costs of adequate medical care, and for related services, research, and education. The writer considers voluntary plans inadequate for these purposes, but a compulsory government program more nearly adequate. Its benefits would be administered through Federal-State-local cooperation.

Summarized in Report on the Nation's health. Social Security Bul. 11(11): 9-12, Nov. 1948 (173.2 So1Soc).

221. LINDSTROM, D. E. Ability to pay for dental care. Rur. Sociol. 13(2): 180-182. June 1948. 281.28 R88

The writer gathers from numerous studies evidence that many farm people, especially those with low incomes, do not get sufficient dental care, that its cost is prohibitive to many, and that a large proportion of children have defective teeth. Regular examination of the teeth of school children followed by proper care would promptly correct defects, prevent much trouble, and reduce the costs of dental care so that most families could afford the service.

222. PALMER, G. You can't afford to be sick. Ladies' Home Jour. 63(12): 52-53, 150, 152. Dec. 1946. 321.8 L12

The financial burdens of serious illness are leading to efforts to ease them by voluntary insurance against hospital and medical service costs, and to proposals for compulsory medical care insurance.

223. STROW, C. W., and HIRSCHFELD, G. Health insurance. Amer. Med. Assoc. Jour. 128(12): 870-878. July 21, 1945. 448.9 Am37

Briefly summarized are the history of the movement for compulsory health insurance, the findings of Nation-wide health surveys, and the growth of voluntary health and accident insurance. There is admitted need of better medical care, but disagreement as to form and benefits desirable for it. States with best medical care and strongest labor organizations seem to be those most in favor of compulsory health insurance. Public health services adapted to the areas served seem preferable to Federal compulsory health insurance. More study is needed before definite action is taken.

224. ANONYMOUS. Progress of health security legislation in the United States. Internatl. Labour Rev. 57(1-2): 26-42. Jan./Feb. 1948. 283.8 In8

Developments of efforts to establish insurance to cover the costs of medical care, principally from 1935 to 1947, are outlined. Recent State legislation is noted, as is the growth of collective agreements for health care for workers.



## PREPAID HEALTH CARE SERVICES

There has been considerable activity in this country to set up and operate voluntary prepayment plans to furnish the services of doctors, hospitals, and sometimes dentists to their members, rather than money with which to help pay medical bills. For the services, the organizations contract with the medical personnel and/or hospitals. The services are limited in various ways; sometimes they provide for rather restricted care, yet meet most emergency needs.

The plans referred to in this section are almost wholly those by and for rural people.

225. ANDERSON, A. H. Hamilton County, Nebraska, medical aid association. Lincoln, Nebr., U. S. Bur. of Agr. Econ. 1945. 39 p. 1.941 R7H182

In September 1942 an experimental prepayment health care association sponsored by the U. S. Department of Agriculture began operations. These are outlined and the program is evaluated. This was one of six similar projects at various locations from Georgia to New Mexico.

226. BUTLER, E. They helped each other pay the doctor. Prog. Farmer, Tex. Ed. 60(2): 20. Feb. 1945. 6 T31

The operations of the Farm Security Administration health plans for its borrowers and the U. S. Department of Agriculture's experimental health plans in Texas are outlined. Excellent results have been obtained in these cooperative prepayment plans for health care.

227. COLE, E. New health for Newton County farmers. Prog. Farmer, Miss.-Ark.-La. Ed. 59(10): 47. Oct. 1944. 6 S081

The advantages and benefits of a Mississippi rural health association are outlined. Its services are paid for annually in advance. Costs to a family are proportionate to its annual net income. Doctors lose little money for services rendered under this plan.

228. CREWS, C. R., ed. Health for millions. Chicago, Coop. Health Fed. of Amer., 1946? 87 p. 448 C862

The addresses delivered at the first National Cooperative Health Conference, August 1946, cover many phases of prepayment nonprofit medical care plans, especially consumer-sponsored plans.

229. GLOVER, K. Better health for country folks: in a Georgia cotton county. Survey 34(9): 372-374. Sept. 1945 280.8 C37

The U. S. Department of Agriculture has set up one of its experimental health programs in Walton County, Ga., to help solve the problem of bringing parity of medical care and health facilities to the rural population. The operations of the project are outlined. Medical facilities are improved. Membership and professional reactions are favorable.

230. HARDING, T. S. Better health for country folks: in the mountains of New Mexico. Survey Graphic 34(9): 374-375. Sept. 1945. 280.8 C37G

In Taos County, N. Mex., is one of the six experimental health programs set up by the U. S. Department of Agriculture. It serves mostly low-income Spanish-Americans. The operations of the program are described, and its accomplishments and further needs are noted.

231. HARDING, T. S. Prepaid group medical care. Amer. Jour. Econ. and Sociol. 5(1): 65-78. Oct. 1945. 280.8 Am393

If the medical associations had been as progressive socially and economically as they are scientifically, there would have been no need of the experiments in group medical care now being conducted by others. Some of the plans are described.

232. HARDING, T. S. Unto the least of these. Christian Cent. 62(44): 1215-1217. Oct. 31, 1945. Libr. Cong.

The Taos County (N. Mex.) Cooperative Health Association provides over-all medical and emergency dental care for the low-income rural population of its county. Sponsored by the Farm Security Administration, which found that ill-health among its clients impeded its work, it is financed by payments based on family incomes plus Federal subsidy. The need for the association and its services is shown and the operations are outlined.

233. LANTIS, M., HANGER, M. R., and WOODS, P. W. The Farm Security Administration dental program of Randolph County, Georgia. Washington. U. S. Bur. of Agr. Econ. 1945. 14 p. 1 Ec7Farm

The organization, administration, and purposes of the program are stated, and the results of its operations are reported. Attitudes of the local populace toward the program are noted as affected by lack of knowledge of need of dental care, fear of dental treatment, financial ability to pay, and satisfaction with services. Suggested betterments of the program include additional benefits, and operation of mobile dental units.

234. LEONARD, O. E. Walton County Agricultural Health Association, an experiment in rural health, Georgia, 1942-43. Washington. U. S. Bur. of Agr. Econ., 1946. 31 p. 1.941 R7W17

The history of the development and operations of the association is outlined. Farming people were eligible for membership. The medical service rendered the membership was much more nearly adequate than that which had been received previously to the formation of the association. The general attitude toward the association on the part of the local medical profession and the public was favorable.

235. LONGMORE, T. W., and VAUGHAN, T. L. Cass County rural health service, Cass County, Texas, 1942-1944. Little Rock, Ark. U. S. Bur. Agr. Econ. 1945. 117 p. 1.941 R7C27

On September 1, 1942, the Cass County Rural Health Service began to furnish nearly 2,400 rural families with medical and dental care. The activities, costs, and adequacy of the services rendered are discussed. More adequate service has been furnished to the members than was ever before available; and it has been well utilized.

236. McNAMARA, R. L., and MANGUS, A. R. Prepayment medical care plans for low-income farmers in Ohio. Ohio Agr. Expt. Sta. Bul. 653, 9 p. Oct. 1944. 100 OH3S

A study of the experience of medical plans sponsored by the Farm Security Administration in Ohio shows that low-income farm families cannot afford to pay for all the medical care they need; that as members of FSA plans, they received more services than did higher income families. These plans have made easier the obtaining of minimum health services to the families, but have not improved their quality.

237. MATTHEWS, M. T. The Wheeler County, Texas, rural health services association. Rur. Sociol. 11(2): 128-137. June 1946. 281.28 R88

Operations from 1942 to 1945 are outlined. The effects of the association's program among its members included increase of preventive care, more prompt treatment, heightened health interest, and the clearing up of an accumulation of medical care needs.

238. MONTGOMERY, G. A. Rural health service that all can afford. Capper's Farmer 56(4): 9, 50. Apr. 1945. 6 M693

Plains States farmers and townspeople have found a solution for their serious problem of paying for and receiving good medical care, as shown by several examples of action in establishing cooperative hospitals and health care services.

239. MONTGOMERY, J. E. Experimenting in rural health organization. Rur. Sociol. 10(3): 296-308. Sept. 1945. 281.28 R88

This analysis of the Newton County (Mississippi) Health Services Association deals with the health needs and facilities of the area, the services and operations, strength and weakness of the program. The association was sponsored by the U. S. Department of Agriculture as one of its experimental health programs. The results of the experiment indicate that a national program of medical care should be compulsory to secure coverage of the entire population, adequate financing, services of high quality; and to assure preventive measures against ill health.

240. MONTGOMERY, J. E. Newton County, Mississippi Agricultural health association. Washington. U. S. Bur. of Agr. Econ. 1944. 54 p. 1.941 R7N48

A prepayment health care organization for farm families, sponsored by the U. S. Department of Agriculture, began operating in Newton County, Miss., in the summer of 1942. The operations, strengths, and weaknesses of the organization are discussed. Recommendations follow. The public attitude toward the association was favorable.

241. NATIONAL PLANNING ASSOCIATION. Good health is good business. Natl. Planning Assoc. Planning Pams. 62, 44 p. Feb. 1948. 280.9 N2153

A section notes the disadvantaged health status of rural areas, then summarizes the work and benefits of the prepayment health care organizations sponsored by the U. S. Department of Agriculture. Attention is called to the lack of data showing the effect of medical care upon work attendance and output of workers.



242. POHLMANN, K. E. Lest we forget: the rural medically indigent. *Hospitals* 18(12): 30-35. Dec. 1944. Libr. Cong.

The problem of the medically indigent is primarily a concern of government. Because no plan existed for care of low-income rural people, the Farm Security Administration in 1936 set up its subsidized prepayment plans for its borrowers. In them, the insurance principle has been proved worth while.

243. SMITH, C. M. A cooperative program for rural medical care. *Social Forces* 23(2): 187-191. Dec. 1944. 280.8 J823

Half a million persons are receiving health care under Farm Security prepayment plans. The Administration started them to reduce farm failures among its borrowers because of ill health. The operations are outlined. Results have been quite satisfactory. A somewhat different plan has been extended to migratory agricultural laborers. Another set of plans is being operated to determine the pattern for an adequate plan for medical care for rural people.

244. U. S. BUR. OF AGRICULTURAL ECONOMICS. The experimental health program of the United States Department of Agriculture; a study made for the Subcommittee on Wartime Health and Education of the Committee on Education and Labor, United States Senate, pursuant to S. Res. 74 (78th Congress) and S. Res. 62 (79th Congress). 79th Cong., 2d sess. S. Subcom. Monog. 1, 166 p. 1946. 1.941 R7Ex7

Final report and recommendations prepared by T. W. Longmore from preliminary reports by staff members of the Division of Farm Population and Rural Welfare, Bureau of Agricultural Economics.

To determine the best ways and means of bringing to rural, low income people adequate medical care by cooperative group action, the U. S. Department of Agriculture has set up experimental plans in seven counties. Part of the financing involves prepayment by the beneficiary families. Activities of the organizations and results are outlined.

245. U. S. FARM SECURITY ADMIN. Group medical care for farmers. U. S. Farm Security Admin. Pub. 75, 14 p. 1941. 1.5 G91

The origins, purposes, operations, and results of the Farm Security Administration cooperative, prepayment medical care plans are given. They make available prompt medical care, preventing much illness. Illness is frequently the cause of failure in farming operations.

246. VAUGHAN, T. L., and PRYOR, H. Prepayment medical care in Nevada County, Arkansas. *Rur. Sociol.* 11(2): 137-147. June 1946. 281.28 R88

Organized in 1942, with help from the U. S. Department of Agriculture, as one of its experimental plans for extending medical care in rural areas, this plan has demonstrated favorable and unfavorable results which point the way to improvement. The results are outlined.

247. ZIEGLER, M. V., WEINERMAN, E. R., and ROEMER, M. I. Rural prepayment medical care plans and public health agencies. *Amer. Jour. Pub. Health* 37(12): 1578-1585. Dec. 1947. 449.9 Am3J

New laws prevent the government from assisting the rural prepayment health organizations which the Farm Security Administration helped develop. Public health officials are asked to give them professional guidance to keep them operating. The history of these rural health organizations is sketched.

#### VOLUNTARY PREPAYMENT HEALTH INSURANCE

248. AVNET, H. H. Voluntary medical insurance in the United States: Major trends and current problems. *New York, Med. Admin. Serv.*, 1944. 104 p. 284.6 Av6

The history of the development of voluntary medical insurance is sketched from 1850 to the early 1940's. Representative plans are described and appraised. Some of the problems of voluntary medical insurance are noted. They include enrollment, services offered, charges, and administration. References.

249. CALIFORNIA FARM BUREAU FEDERATION. Farm Bureau health program. Berkeley, 1946. 15 p. 448 C123

The California Farm Bureau Federation has arranged

with insurance companies for health care for its members, and for their employees, upon an indemnity basis. The plan is explained.

250. COMMITTEE ON RESEARCH IN MEDICAL ECONOMICS. Restrictions on free enterprise in medicine. New York, 1949. 23 p. 284.6 C732

Twenty-three states have enacted, although one has repealed, laws to prevent the organization of medical insurance plans unless by or under control of physicians; these block the formation of consumer-sponsored plans. The American Medical Association induced this legislation. Its policies are criticized.

251. CREEL, G. California calls the doctor. *Collier's* 123(9): 56, 63. Feb. 26, 1949. Libr. Cong.

The California Physicians' Service, sponsored by the California Medical Association, provides a voluntary prepayment plan for hospital and surgical care for persons of limited income. Families of members of farm organizations may join. The costs and benefits to patients and to physicians are outlined. When they have attained goals of inter-State uniformity and reciprocity such services are considered effective measures to offset demands for "socialized medicine."

252. DAVIS, G. The Blue Cross needs change. *Mod. Hospital* 68(1): 43-46. Jan. 1947. 448.8 M72

Despite its successes, there are signs of dissatisfaction with, and disagreement within the Blue Cross. Some members want more services, some less; some complain of lack of reciprocity in services when away from their home areas. Benefits vary from State to State. There are problems as to how hospitals shall be paid for services to Blue Cross members. The public should be represented on Blue Cross governing bodies.

253. DAVIS, M. M. Taken by the neck. *Survey Graphic* 35(11): 403-404. Nov. 1946. 280.8 C37G

More than 20 States have passed laws restricting the organization of medical care insurance plans to members of the medical profession, because the profession wrongly fears that the lay members might try to tell the doctors how to practice medicine. The public, especially farm organizations, has been slow to note this legal trend and to urge the formation of the kinds of plans they prefer.

254. DEARING, W. P. Medical service plans across the country. *Amer. Jour. Pub. Health* 36(7): 769-776. July 1946. 449.9 Am3J

The coverage, services, and financing of prepayment plans for physician (and sometimes other) services are outlined. Group practice plans furnish best and cheapest care, but their costs, limited services, geographic, and other restrictions prevent most eligibles from joining. "Widespread distribution of modern medical services to all the people on a prepaid basis cannot be achieved without improved organization of services through group practice with costs spread by obligatory enrollment of the population and financial support through the taxing power of the federal government. This requires insurance with general taxation."

255. DICKINSON, F. G. Fundamental requirements of insurance applied to voluntary prepayment medical care plans. *Amer. Med. Assoc. Jour.* 133(7): 483-484. Feb. 15, 1947. 448.9 Am37

Seven basic requirements for the success of voluntary prepayment medical care plans are discussed from the standpoint of the organized medical profession.

256. DUNCAN, G. B. Pennies pay the doctor. *Hygeia* 23(2): 100-103, 142. Feb. 1945. 449.8 H993

People in Michigan showed such preference for the less costly surgical insurance that a more costly but complete medical care insurance plan was dropped, and a plan of offering only surgical care replaced it.

257. ENGEL, L. Best buys in medical care. *New Repub.* 116(26): 14-17. June 30, 1947. 280.8 N42

People considering health insurance should look for comprehensive service plans and beware of individual "bargain" schemes. Lacking Federal health insurance, millions of people able to pay the costs are subscribing to other plans. The advantages and disadvantages of some of them are indicated.

258. FISHBEIN, M. Farm health tomorrow. *Successful Farming* 43(7): 19, 28-31. July 1945. 6 Su12

The writer believes that a farm family should not have to pay more than \$60 a year for medical care if it can reach doctor and hospital easily. Prepayment hospital and medical care plans can help keep down large costs. There is no reason, he states, to believe that compulsory medical care insurance would secure for farm families better care facilities than they now have, even though they are not so good as those available in cities.



259. GOLDMANN, F. Voluntary medical care insurance in the United States. 228 p. New York. Columbia Univ. Press, 1948. 284.6 G562

This account of the development of voluntary medical care insurance in the United States includes appraisal of important types of such organizations, their achievements, and shortcomings. There are references to the problems of coverage of farm people. The organizations dealt with include those giving cash indemnities and those giving services, including the Farm Security Administration plans, and the U. S. Department of Agriculture experimental rural health programs.

260. HAYNES, R. Keep your eye on Lanai. Hawaii Farm and Home 10(2): 10. Feb. 1947. 25 H3191

At the request of the Hawaiian Pineapple Corporation, the Hawaiian Medical Service Association has set up on the island of Lanai a prepaid medical service replacing the medical care which had been formerly given as a perquisite to plantation labor. The benefits are stated.

261. JOHNSTON, H. Bringing Blue Cross to farmers. News for Farmer Coop. 13(1): 11, 16-17. Apr. 1946. 166.2 N47

The Blue Cross plan and benefits are outlined. Instances of farmer organization action to enroll their members are noted.

262. KLEM, M. C. Buying insurance against sickness. Survey Graphic 34(12): 483-484, 490. Dec. 1945. 280.8 C37G

The types of insurance prepayment organizations furnishing funds or services to policyholders or members to relieve emergency costs of illness are described. Their advantages and disadvantages, and the attitudes of professional groups toward them are noted.

263. KLEM, M. C. Recent State legislation concerning prepayment medical care. Social Security Bul. 10(1): 10-16. Jan. 1947. 173.2 S61Soc

Legislation enacted through early 1946 relating to voluntary prepayment medical care plans is reviewed, and the general provisions are charted. Medical societies have been the prime movers in efforts to keep control of such plans. All the plans offer restricted services, and lack preventive services. Subscribers are allowed little or no voice in the nonmedical operations of the plans.

264. LARSON, G. Farmers can have better health services. Country Gent. 115(10): 14, 70, 72-73. Oct. 1945. 6 C833

Farm families are trying various ways of obtaining better health protection -- the Blue Cross, cooperative hospitals, and other plans. The protection given and fees charged are shown. Some believe that voluntary plans are unable to cover the populace sufficiently, and urge compulsory medical care plans.

265. MAISEL, A. Q. Battle of the bedside. Collier's 118(12): 24-25, 94, 96. Sept. 21, 1946. Libr. Cong.

A national health insurance system seems increasingly likely. Public favor for it is growing, as shown by the growth of organizations for the voluntary prepayment for health care, and by the demand for more nearly complete services. Opponents of the voluntary plans forecast shortcomings in them. But the public is accepting the plans, and taking measures to overcome the difficulties.

266. MENNIX, J. R. Why not an American Blue Cross? Hospitals 18(4): 23-26. Apr. 1944. Libr. Cong.

Hospital and other leaders have an unparalleled opportunity to give this country a complete program of voluntary health security. It is proposed that the Blue Cross services be expanded to include adequate medical, dental, nursing, and hospital care; and that subscriber rates be high enough to pay for care of the indigent.

267. MONTGOMERY, G. A. Group hospital service. Capper's Farmer 56(6): 12, 23. June 1945. 6 M693

The services of the Blue Cross group hospitalization plan and its advantages to farm people are described.

268. PINK, L. H. The story of Blue Cross. Pub. Aff. Pam. 101, 31 p. 1945. 280.9 P964

The history, purposes, types of membership, benefits, control, charges, and relationships to hospitals are outlined.

269. REED, L. S. Blue Cross and medical service plans. Washington, U. S. Pub. Health Serv. 1947. 323 p. Libr. Cong.

Here are presented from an extensive study of Blue Cross and Blue Shield organizations "all aspects necessary for an understanding of the plans. . . and of the Blue Cross movement as a whole." -- including history, subscription rates, benefits, contracts, relations with hospitals, medical profession, and the public.

270. REED, L. S., and VAUGHAN, H. F., JR. The coordination of medical and Blue Cross plans. Amer. Medical Assoc. Jour. 128(1): 22-24. May 5, 1945. 448.9 Am37

The authors believe that the services now rendered by the Blue Cross hospitalization plans and medical service plans should be given by a single organization.

271. REITZ, H. L. Group health insurance coverages. Amer. Med. Assoc. Jour. 135(3): 165. Sept. 20, 1947. 448.9 Am37

Insurance companies offer (1) group hospital expense insurance, providing benefits while hospitalized; (2) group surgical operation insurance, providing payments toward costs of operations; and (3) group medical expense insurance, providing benefits for physicians' attendance while hospitalized. They are considering additional kinds of health insurance.

272. SINAI, N., ANDERSON, O. W., and DOLLAR, M. L. Health insurance in the United States. New York. Commonwealth Fund. 1946. 115 p. 284.6 S162

The history of the movement for health care insurance is given, accompanied by an outline of features and problems of voluntary plans, and statement of attitudes of professional, lay, and government groups. Bibliography.

273. WEAVER, A. D. Pennies pay their hospital bills the Blue Cross way. Nebr. Farmer 86(1): 1, 14. Jan. 1, 1944. 6 N27

The benefits of the Blue Cross hospital service plan are stated, and eligibility and dues for members are indicated. Compulsory prepayment health care plans are attacked.

274. WOOD, R. P. A big step toward family security. Ohio Farm Bur. News 23(7): 14-15. Feb. 1944. 6 Oh34

How a group hospitalization and surgical fees plan is organized and operates among farm bureau members is outlined. Some of its advantages are noted.

275. WOODBURY, C. How to pay the doctor. Woman's Home Companion 76(3): 4, 176. Mar. 1949. 321.8 W84

People may insure against hospital and doctor's charges through various kinds of organizations such as Blue Cross or Blue Shield, insurance companies, or local health care programs. Farm people may join some of these. Benefits are outlined.

276. ANONYMOUS. Cooperation in medical care.

Nebr. Farmer 86(1): 6. Jan. 1, 1944. 6 N27

Cooperative prepayment plans are preferred to compulsory insurance for medical care costs. Such plans would seem less costly.

277. ANONYMOUS. Plans for a rural health program. Amer. Med. Assoc. Jour. 132(9): 516. Nov. 2, 1946. 448.9 Am37

Thirty-one State medical societies have made progress in establishing rural health committees, and plans to improve rural health, and to provide for voluntary prepayment of costs of illness. Major farm organizations are cooperating.

278. ANONYMOUS. Plans for medical care in rural areas. Amer. Med. Assoc. Jour. 130(10): 649-652. Mar. 9, 1946. 448.9 Am37

Efforts made to organize farmer participation in voluntary prepayment plans for hospital, medical, and surgical care plans were reported upon at a meeting of medical association officials. Rural conditions affecting accessibility to medical care personnel and facilities were discussed.

#### COMPULSORY HEALTH INSURANCE

279. ANDERSON, C. P. The farmer in Apollo's temple. Washington, U. S. Dept. of Agr., 1948. 14 p. 1.91 A2 An2

Address before American Medical Association, Jan. 7, 1948.

The Secretary of Agriculture outlines the disadvantaged position of American farm people for medical service, and their desire for comprehensive medical care, and for cooperative prepayment programs. Farmers cannot understand medical society opposition to the latter. Rural America needs the adoption of President Truman's health program.

280. ATKINSON, M. Medical care for all. Amer. Federationist 52(6): 25-27. June 1945. 283.8 Am32

American workers have vast unmet medical needs. Their inability to pay for medical care for serious illness can be overcome by national health insurance such as is



proposed by the Wagner-Murray-Dingell bills (S. 1050 and H. R. 3293, 79th Cong.). A national compulsory insurance plan would make comprehensive medical care services available; most voluntary plans offer only limited services.

281. BACHMAN, G. W., and MERIAM, L. The issue of compulsory health insurance. Washington, Brookings Inst. 1948. 271 p. 284.6 B122

This study was made at the request of the chairman of the Subcommittee on Health, Committee on Labor and Public Welfare, U. S. Senate.

Basic problems considered include the health status of the United States; the dependability of oft-quoted medical data; ability to pay for medical care; desirability of compulsory health insurance; quality of service under, and administrative costs of such insurance. The authors prefer state rather than national health insurance, accompanied by national and state activity in research, education, and assistance in acquiring facilities.

282. BAEHR, G. Medical care and public health. Vital Speeches 12(8): 249-252. Feb. 1, 1946. 280.8 V83

The President's national health plan is approved except as to compulsory health care insurance. It is criticized on the basis of experience in foreign countries. If a compulsory system is adopted in this country, it should be preceded by trial of state or local compulsory plans, and the national plan should be developed through evolution from them.

283. BAUER, L. H. Compulsory health insurance. Hygeia 23(6): 428-429. June 1945. 449.8 H993

Compulsory health insurance is termed a misnomer, a tax rather than insurance. Its operation abroad has not proved as satisfactory as has the American free-enterprise system of medical care.

Voluntary insurance against costs of medical care is preferred -- to avoid political interference with and to prevent lowering of the quality of medical care.

Admittedly, many areas need better facilities for medical care. A Federal department of health is favored.

284. BIEMILLER, A. J. Compulsory health insurance. Mother 9(1): 13-17. Oct. 1947. Libr. Cong.

Compulsory health care insurance is going through struggles for adoption similar to those of the now well-accepted workman's compensation and old-age insurance. People are asking for such insurance to meet emergency bills of illness, because so many cannot now pay them otherwise. For years the American Medical Association opposed all prepayment plans. Now it is fighting compulsory plans, and voluntary plans not controlled by the profession. Voluntary plans fall far short of meeting public need. Proposals for national compulsory health care insurance involve no changes in professional methods; there is no reason quality of medical service should deteriorate under them. They propose certainty of payment of doctor's bills.

285. COMMITTEE FOR THE NATION'S HEALTH. Some statements and misstatements about national health insurance. Washington, 1949. 9 p. 284.6 N219

Misstatements by opponents of compulsory national health insurance are quoted and answered by proponents.

286. CRAIN, K. C. Yes, but Mr. Pepper, how much did you say it would cost? Hospital Managt. 62(2): 23-25. Aug. 1946. Libr. Cong.

The writer considers compulsory federal health insurance a serious threat to the American way of life. He discusses the arguments of those who favor it, particularly those of a congressional subcommittee in favor of S. 1606. (79th Cong.).

287. DAVIS, M. M., and CARY, E. H. Compulsory health insurance. Rotarian 65(2): 28-30. Aug. 1944. Libr. Cong.

"Should we insure against sickness privately or through the Government?" Dr. Davis presents arguments for compulsory health insurance; Dr. Cary, against it.

288. DAVIS, M. M. Farmers must go fishing. Survey Graphic 34(4): 125-126. Apr. 1945. 280.8 C37G

"Farmers must go fishing" for medical personnel and facilities needed for rural health care. Those who can afford it should join an available voluntary prepayment plan for medical care. Such local action would be a step toward a national compulsory plan covering the whole population. True, this would mean that wealthy areas would subsidize poor ones. But the subsidy would be justified by the fact that farmers draw from the latter large amounts of labor, and their health is of concern to the areas in which they work.

289. DAVIS, M. M. Health for the Nation. Survey Graphic 33(12): 491-493, 510-511. Dec. 1944. 280.8 C37G

The principal proposals of a group of physicians and laymen for a Nation-wide comprehensive health care program are reported. It would cover the whole populace, and would be financed by compulsory contributions by employers, employees, and the Government.

290. DAVIS, M. M. Insurance, not charity. Survey Graphic 36(8): 447-448. Aug. 1947. 280.8 C37G

The kind of service to be expected under a national health care insurance plan is outlined.

291. DAVIS, M. M. Letter to the Editor. Amer. Jour. Pub. Health 38(11): 1580-1581. Nov. 1948. 449.9 Am3J

The objectives of more adequate medical care for rural and other people cannot be realized until national health insurance gives the necessary stable financial support to achieve them. Voluntary plans for prepaid medical care will be insufficient, limited in services, and confined largely to individual practice of unsupervised quality. National health insurance would create active demand for improved medical preventive services and care.

292. DAVIS, M. M. Menu a la carte. Survey Graphic 35(2): 54-55. Feb. 1946. 280.8 C37G

The article deals with four phases of health care insurance: past and present arguments against it; attitudes of British doctors toward the expected national health service; answers to charges that the New Zealand national health and social security plans are poor; and comments on resolutions of the American Medical Association relating to insurance against costs of medical care.

293. DEUTSCH, A., and WILLIAMS, G. Will compulsory insurance keep you healthy? Better Homes and Gardens 27(1): 46-47, 136-138, 141, 251-253. Sept. 1948. 80 F9424

The proposals of the national compulsory health insurance are debated.

294. EBY, K., and FISHBEIN, M. Forum: Should Congress pass the National Health Act? Forum 106(1): 44-53. July 1946. Libr. Cong.

Mr. Eby offers arguments in favor, and Dr. Fishbein against the National Health Act.

295. FALK, I. S. Financial aspects of medical care insurance. Social Security Bul. 9(12): 17-23. Dec. 1946. 173.2 S61Soc

The per capita cost of medical care insurance on a national basis is estimated at \$28.76. Fairly complete essential services would be given. Contribution rates would be 3½ percent of income up to \$3,600 per year. Costs in later years might rise 40 percent, and force higher contributions. Other estimates are included.

296. FROTHINGHAM, C. The health of the nation: a plea for public medicine. Atlantic Monthly 179(2): 52-54. Feb. 1947. 110 At6

Most Americans do not obtain good medical care because of the poor distribution and costs of medical facilities. It has been estimated that we now spend for medical care enough to pay for good care for all. But good care may be accomplished only by requiring periodic payments by all income earners. Voluntary plans are inadequate because they give only partial care, and do not cover the whole populace. A compulsory prepayment plan is recommended in the belief that it would furnish care of better quality, including preventive care, to more people than would any other plan.

297. GOIN, L. S. What will compulsory sickness insurance do for the American people? Mother 9(1): 18-27. Oct. 1947. Libr. Cong.

A physician argues against compulsory health care insurance, and that voluntary plans organized by the medical profession will eventually solve the problem of prepayment for medical care. He claims compulsory prepayment plans result in abuses and deterioration of professional services. He is skeptical of the possibilities of preventive care. He attacks proposals for compulsory medical care insurance as attempts to socialize and communize the country.

298. HUDDLE, F. P. Medical insurance. Ed. Res. Rpts. (1944) 1(4): 65-78. Jan. 25, 1944. 280 Ed42

There is growing public support for a system of national health insurance under the Social Security system. The British experience in such insurance for the working classes is outlined; the medical profession opposed it in the beginning, but now warmly approves it. The unmet medical care needs of the American people (including agricultural workers), the scattered development of voluntary health insurance plans, and the attitudes of the medical profession to them are noted. The proposals for national health insurance and social security coverage of



classes now excluded (including farm operators and hired laborers) are outlined.

299. McDONALD, A. Farm: the right to health. New Repub. 117(20): 36. Nov. 17, 1947. 280.8 N42

The writer reviews the Federal legislative proposals for health care, including insurance, and comments on the value of some proposals. He notes attitudes of farmer organizations toward health care insurance.

300. McPEAK, F. W. "If one member suffer . . ." Social Action 11(9): 3-13. Nov. 15, 1945. Libr. Cong.

Who favor and who oppose public health insurance? and why? Some organizations and their attitudes are named. Some distressing facts concerning health in the Nation are noted. Voluntary health plans are inadequate to reach the entire population either because of people's inability to pay the necessary dues, or their refusal to join.

301. MANGOLD, G. B. Compulsory health insurance: Arguments for and against. Sociol. and Social Res. 29(4): 343-354. Mar./Apr. 1945. 280.8 So15

Federal and State proposals for compulsory health care insurance are summarized. Arguments for and against compulsory medical care insurance are catalogued at length, and some of their shortcomings are noted.

302. MILLMAN, W. A. Compulsory prepaid medical care. Amer. Econ. Security 3(4): 6-14. May 1946. U. S. Fed. Security Agency Libr.

Some possible shortcomings and abuses of the proposed national compulsory health prepayment plan are noted. Further development of voluntary prepayment plans and group medical practice is favored.

303. MUNTZ, E. E. The national health program scheme: an analysis of the Wagner-Murray health bill (S. 1606). New York. Amer. Enterprise Assoc. 1946. 35 p. (National Economic Problems No. 418A.) Libr. Cong.

The writer points out some of the inadequacies of S. 1606 (79th Cong.), and the probability of need of general tax funds to pay part of the costs of the health services proposed. He believes that voluntary health insurance plans can achieve many of the aims of the bill without regimenting patients, medical personnel, and institutions.

(The analysis would apply also to the identical bill H.R. 4730, by Dingell.)

304. NATIONAL FARMERS UNION. Health: America's 5th column or America's 5th freedom. Natl. Union Farmer 25(5, sup.), 8 p. Mar. 1, 1946. 281.8 N212

Bad health conditions in rural America are called a 5th column undermining the Nation's economy, vitality, and future. To secure a measure of freedom from those conditions, support of President Truman's national health program is urged. Compulsory health care insurance should bring new medical care facilities and expanded services, and their use should result in better health.

305. PORTER, A. Do we want national health insurance? Collier's 115(4): 20-21, 65-66. Jan. 27, 1945. Libr. Cong.

The national distribution of medical care is spotty and costly. The Wagner-Murray-Dingell proposals before Congress are explained. Principal arguments for and against them are outlined, and the chief proponents and opponents are named. The majority of persons expressing opinions in three out of four polls of public opinion favored Social Security laws providing medical care insurance.

306. RICHARDSON, H. B. A health program for America. Amer. Federationist 53(1): 18-21. Jan. 1946. 283.8 Am32

A doctor gives reasons for favoring the National Health Plan.

307. SARTAIN, G. Health insurance -- pro and con. Independent Woman 24(11): 306-307. Nov. 1945. Libr. Cong.

The principal arguments for and against national health insurance are noted, and prominent backers and opponents of the plan are named.

308. SARTAIN, G. Who fights health insurance? Nation 160(25): 691-692. June 23, 1945. 280.8 N215

Important opponents and proponents of the national health insurance plan are named. The campaign of the National Physicians' Committee for the Extension of Medical Service is described. (The committee has the "blessing" of the American Medical Association.)

309. SPAHR, M. B. A doctor looks at state medicine. Sat. Evening Post 218(3): 14, 15, 82, 84. July 21, 1945. 110 Sa8

From experience with voluntary comprehensive medical care insurance plans, and with certain Government-supported medical care programs, the author is convinced that a national compulsory prepayment plan for

medical care would not work. She fears unreasonable demands upon it, red-tape, and insufficient numbers of medical personnel.

310. U. S. CONGRESS. SENATE. COMMITTEE ON EDUCATION AND LABOR. Health insurance; interim report from the Subcommittee on Health and Education. . . pursuant to S. Res. 62. 79th Cong., 2d sess., Subcom. Rpt. 5, 30 p. Washington, 1946. U. S. Fed. Security Agency Libr.

Data are presented to show the inability of the majority of families to pay for adequate medical care, the more frequent occurrence of illness among those with low incomes, the inadequacies of voluntary medical care insurance plans, and the consequent need of a national compulsory health insurance system. Public opinion polls on the subject are reviewed.

311. U. S. SOCIAL SECURITY BOARD. Need for medical care insurance. U. S. Social Security Bd., Bur. Res. and Statis. Bur. Memo. 57, 39 p. Apr. 1944. 173.2 So1Bu

Comprehensive steps should be taken to distribute costs of medical care and to provide adequate facilities for such care. The bases for the recommendation are summarized.

312. U. S. SOCIAL SECURITY BD. BUR. OF RESEARCH AND STATISTICS. Medical care insurance: a social insurance program for personal health services. 79th Cong., 2d sess., S. Com. Print 5, 185 p. Washington, 1946. 173.2 So1Me

This is essentially an estimate of the costs of medical care, and an analysis of the problems involved in the application of social insurance problems in meeting these costs.

313. WILSON, E. W. Compulsory health insurance. New York, Natl. Indus. Conf. Bd., 1947. 138 p. (Studies in Individual and Collect. Security, no. 3.) Libr. Cong.

A brief history of Federal and State legislative proposals for compulsory health insurance is given. Problems of administration, of the supplying of services, and of financing a health insurance system are discussed. Statements of proponents and opponents of such insurance are contrasted.

314. WINSLOW, C. -E. A. Health care for Americans. Pub. Aff. Pam. 104, 31 p. New York, N. Y. May 1945. 280.9 P964

By budgeting the costs of medical care the Nation could obtain the essentials of adequate medical care. The principles of such a system are outlined. Existing group and compulsory health care insurance plans are described. Foreign experience with them has been satisfactory enough to result in their expansion. Problems of improvement in American medical service are discussed. Bibliography.

315. WRIGHT, M. Socialized medicine -- bad medicine for you. Better Homes and Gardens 25(5): 36-37, 118-119 Jan. 1947. 80 F9424

The writer fears that adoption of compulsory health care insurance would result in inferior quality of medical practice. He believes that most people who now lack proper medical care either have not been educated to want it, or are unwilling to get it. But some people admittedly need greater income to enable them to afford proper medical care. The Wagner-Murray-Dingell bill is criticized.

316. ANONYMOUS. Better medical and hospital care for farm people. Prog. Farmer, Miss.-Ark.-La. Ed 64 (2): 18. Feb. 1949. 6 So81

The President's proposals to bring better medical and hospital care to the people needing them are being fought by the American Medical Association when it should present an effective program to meet needs. A large proportion of farm people do not have half the care they need; there is excessive ill health and death among them. The old policy of expecting country doctors to care for the poor without being paid never worked well, and less so today when so many doctors live in town rather than in the country.

317. ANONYMOUS. Compulsory health insurance. Consumer Rpts. 11(3): 82. Mar. 1946. 321.8 C762

Answers are given to objections against compulsory health insurance. There should not be bad results from medical practice in connection with this any more than from that under workmen's compensation. People preferring to consult practitioners at their own expense could still do so.

318. ANONYMOUS. Compulsory health insurance. Univ. Debaters' Ann. (1945-46) 27: 221-261. 1946. Libr. Cong.

The debate by college teams from the College of Wooster and Ohio Wesleyan University is reported verbatim. There are briefs of the arguments, and a bibliography.



319. ANONYMOUS. Health means plans and dollars-- we must find a way to meet our challenging national medical problem. *Kiplinger Mag.* 1(4): 35-37. Apr. 1947. 280.8 K622

Because our medical personnel and facilities are poorly distributed, and many people cannot easily or at all pay for medical care, group plans of insurance are being tried as stop-gaps until some better plan -- maybe a national system of health care insurance -- is found.

320. ANONYMOUS. Health should be available to all like education. *Natl. Union Farmer* 24(31): 4. Oct. 1, 1945. 281.8 N212

The lack of health care facilities and personnel in rural areas is shocking. The Wagner-Murray-Dingell bills before Congress propose regular income deductions to pay for adequate medical care and facilities. Health care would be made a public responsibility as is education.

321. ANONYMOUS. Must prepayment for medical service be compulsory? *Amer. Med. Assoc. Jour.* 124(7): 441. Feb. 12, 1944. 448.9 Am37

A basic argument for compulsory sickness insurance is financial -- the desire to spread the costs over a large number of people. The American Medical Association favors voluntary prepayment plans. It believes compulsory plans would be handicapped by politics, and that the quality of medical service would deteriorate.

322. ANONYMOUS. National health insurance. *New Repub.* 114(11): 368. Mar. 18, 1946. 280.8 N42

Some of the issues presented by the Wagner-Murray-Dingell health insurance bills are discussed. Voluntary health insurance can never cover the lower-income groups and the bulk of farmers. Some of the arguments of opponents of the bills are noted.

323. ANONYMOUS. Need for a national health program *Social Security Bul.* 9(5): 10-15, 31. May 1946. 173.2 So1Soc

Excerpts of official testimony before the U. S. Senate Committee on Education and Labor are given: health needs; barriers to adequate medical care; voluntary prepayment plans; reasons for asking for compulsory health insurance, and benefits to be expected from it.

324. ANONYMOUS. Proposals for a compulsory federal "health insurance" program. *Cong. Digest* 25(8/9): 193-224. Aug./Sept. 1946. 110 C76

The entire issue of the magazine is devoted to the subject as presented by the Wagner-Murray-Dingell bills (S. 1960 and H.R. 4730) of the 79th Congress. Most of the space is given to the statements of 10 who favor and 10 who oppose the bills. Health insurance programs or proposals in 10 foreign countries are noted.

325. ANONYMOUS. Rural health in the United States and how it could be improved by a national health plan. *Consumer Rpts.* 9(7): 193-194. July 1944. 321.8 C762

Rural health could be better. Farm Security Administration experience demonstrates the need of universal compulsory coverage to achieve a sound system of insurance prepayment for medical care. Such a national plan would help provide better rural medical personnel, facilities, and services.

326. ANONYMOUS. Should we have compulsory federal sickness insurance? *Amer. Forum Air* 7(34): 12-15. Aug. 28, 1945. *Libr. Cong.*

The issue is devoted to reporting a debate on the subject.

#### SOCIAL SECURITY IN OTHER COUNTRIES

Why and how should American farm workers be interested in social security in other countries? Because some other nations have found it advisable and practicable to protect their agricultural workers with social security measures, and have developed ways and means of doing it. Events and systems there may help us develop our own national security system with a minimum of mistakes.

327. ALTMEYER, A. J. Progress of social security in the Americas in 1944. *Internatl. Labour Rev.* 51(6): 699-721. June 1945. 283.8 In8

The legislative developments of 1944 relating to social security in 16 countries of the Americas and in the United States are outlined.

328. BLOCK, M. The new Swiss program of old-age and survivors insurance. *Social Security Bul.* 10(11): 16-19. Nov. 1947. 173.2 So1Soc

Effective January 1, 1948, a new system of old-age and survivors insurance goes into effect in Switzerland. It covers nearly all persons, including the self-employed. It is to be financed partly by contributions based on income, partly by Federal subsidy.

329. COHEN, W. J. Foreign experience in social insurance contributions for agricultural and domestic workers. *Social Security Bul.* 8(2): 5-10. Feb. 1945. 173.2 So1Soc

The governmental experience and present methods of collection of social security contributions are described in some detail for 10 countries. Seven other nations have some type of social security benefits for farm workers, at least old-age and disability.

330. FARMAN, C. H. Social security in Latin America, 1945-47. *Social Security Bul.* 10(9): 18-26. Sept. 1947. 173.2 So1Soc

The recent developments in social security laws in 20 nations south of the United States are noted. The coverage of agricultural workers, both farm operators and hired farm laborers, is spreading.

331. FISHER, J. The New Zealand social security program. *Social Security Bul.* 8(9): 3-11. Sept. 1945. 173.2 So1Soc

The New Zealand program of social security became law in 1938. It has been placed in operation a part at a time. It seeks to offer universal protection against loss of income, and to provide medical care as a community service. The financing, cash and medical service benefits, and administrative difficulties are outlined.

332. GOLDMANN, F. Foreign programs of medical care and their lessons. *New England Jour. Med.* 234(5): 155-160. Jan. 31, 1946. 448.9 N442

Thirty countries now have insurance plans to pay for medical care. Compulsory measures have proved sound and beneficial as a whole. Shortcomings are being remedied. Administrative policies, methods of payment of physicians, organization of clinics and hospitals, and other matters are briefly discussed. Policy has been to preserve the patients' choice of physicians, professional control of professional matters; and individual, private practice by physicians. The latter, however, is giving way to group practice under the advances of scientific knowledge which require pooling of effort.

333. GREAT BRITAIN. BRITISH INFORMATION SERV. Britain's charter of social security, 1948. 24 p. New York, 1948. *Libr. Cong.*

The developments leading to social security measures in Great Britain are sketched. On July 5, 1948, five important acts relating to it will come into force. A supplemental bill is before Parliament. They provide cash benefits for or because of unemployment, sickness, maternity, industrial injuries, and assistance to needy adults; they provide prepayment for health services; they set standards for care of children who have become public charges. The provisions of the acts and bill as they affect individuals are outlined. Administration and costs are discussed. Most of the costs are "transfer payments," not new expenses. Taken together, these new measures provide a system of security for all individuals which is "second to none."

334. GREAT BRITAIN. BRITISH INFORMATION SERV. Health services in Britain. *Gt. Brit. Brit. Inform. Serv.* I. D. 753, 38 p. Oct. 1947. 280.9 B772

The development and scope of health services in England, Wales, and Scotland is sketched. The National Health Service Act, effective July 5, 1948, will unify them. The new service will become a compulsory prepayment plan, with contributions by individuals, by their employers, and by the Government. Benefits, contribution rates, and administration are outlined.

335. GREAT BRITAIN. BRITISH INFORMATION SERV. Social Services in Britain. *Gt. Brit. Brit. Inform. Serv.* I. D. 780, rev., 24 p. Dec. 1947. 280.9 B772

The historical background of British social services is outlined. The social services based on insurance principles are noted, and those adopted following the Beveridge plan are briefly described. They go into effect in July 1948. A table shows the rates of contribution and benefits.

336. HILL, J. G. Benefits for Britons. *Survey* 84(11): 323-326. Nov. 1948. 280.8 C37

Great Britain's social security program, effective in July 1948, is intended to provide subsistence-level benefits against important hazards of life. How it will affect



families, labor-management relations, government structure, and private social work is discussed. Some references are made to differences between social security law in Great Britain and American concepts, laws, and proposals.

337. HILL, J. G. Great Britain's new social security. *Survey* 84(8): 243-245. Aug. 1948. 280.8 C37

On July 5, 1948, five new social security measures went into effect in Great Britain. With previous measures, they produce a unified and greatly extended scheme to protect all persons from major risks of life. The risks include sickness, industrial injuries, child welfare, and cash assistance in some cases. The system is called a world leader. Its principal provisions and benefits are outlined. Administration is simplified and decentralized. The costs will not be all new, because they replace previous private and public expenditures; they will total 10 percent of current national income. Not all benefits will be realized for a generation.

338. INTERNATIONAL LABOR CONFERENCE. 26TH, PHILADELPHIA, 1944. Social security: principles and problems arising out of the war. Report IV. Montreal, Internatl. Labour Off., 1944. 2 v. 284.6 In86

This summarizes official thinking by the principal nations concerning social insurance, the risks to be covered, the benefits and/or services to be provided, financing, administration, and coordination of systems. Recommendations are offered.

339. JAMESON, SIR W. Britain's new health law. *Survey Graphic* 37(5): 259-261. May 1948. 280.8 C37G

The new National Health Service Act goes into effect in England and Wales on July 5, 1948. It will make the services of physicians and hospitals available to all without charge or limitation. The general provisions of the law are outlined.

340. JENKINS, S. Blueprint for health. *Forum* 104(3): 198-203. Nov. 1945. Libr. Cong.

The experience of New Zealand with compulsory health care insurance is sketched. The problems solved and difficulties ahead are noted.

341. JENKINS, S. Health insurance in New Zealand. *Far East. Survey* 14(7): 85-88. Apr. 11, 1945. 280.9 In 782

The New Zealand Social Security Act of 1938 included various types of health insurance. At first the Government tried with little success to get physicians to practice under the Act for capitation fees. Later, when fees-for-service were set, most physicians accepted them in full or in part for services rendered. The plan is now working acceptably.

342. MACLEAN, H., and MCHENRY, D. E. Medical services in New Zealand. *Milbank Memorial Fund Quart.* 26(2): 148-181. Apr. 1948. 449.9 M582

The New Zealand system of basic medical, pharmaceutical, hospital, and certain other services is available to the whole population. Its development is sketched. Its funds are raised by taxation. Despite some shortcomings the system is appraised as having made great gains in health services. In making further charges and expansion better cooperation is needed between the Government and the medical profession.

343. MARQUARD, E. Dependents in social security systems of Great Britain, New Zealand, Australia, and Canada. *Social Security Bul.* 11(9): 3-15. Sept. 1948. 173.2 So1Soc

"Increasingly, countries are including in their social security programs provisions for the dependents of workers." The different ways four English-speaking countries do so are outlined in text and table. Basic assumptions are noted. The systems of the first three countries seem to apply to all occupations, including agriculture, but the Canadian unemployment system excludes it.

344. MORGAN, J. S. Some recent developments in social service in Great Britain. *Social Security Bul.* 10(6): 3-10. June 1947. 173.2 So1Soc

Although it deals principally with social service, the article shows recent developments in social security insurances. Some differences in British and American principles are noted.

345. MOUNTIN, J. W., and PERROTT, G. St. J. Health insurance programs and plans of Western Europe. *Pub. Health Rpts.* 62(11): 369-99. Mar. 14, 1947. 151.65 P96

"Among the most conspicuous aspects of postwar construction in Western Europe are the attempts to establish broad social security programs with particular emphasis on health security." The health programs of Belgium,

Denmark, France, Great Britain, Sweden, and The Netherlands are outlined. Topics for each country usually include administration, coverage, financing, cash benefits (for sickness, maternity and invalidity), and medical benefits.

346. MYERS, J. W. Recent contacts with social security abroad. *Amer. Econ. Security* 5(5): 8-15. June/July 1948. U. S. Fed. Security Agency Libr.

Workmen, salaried persons, and management employees in 23 countries were queried concerning their attitudes toward the social security systems of their countries. Their replies show general support of the systems. Some criticisms are noted.

347. SAXER, A. The Swiss old-age and survivors insurance scheme. *Internatl. Labour Rev.* 56(5-6): 543-565. Nov./Dec. 1947. 283.8 In8

Effective January 1, 1948, Switzerland will put into effect a compulsory old-age and survivors insurance plan covering practically all its population -- including wage earners and self-employed, and agricultural workers. Contributions, benefits, organization, and operation are outlined.

348. STEFFEN, C. Medical care under compulsory sickness insurance in Germany. *Social Serv. Rev.* 21(3): 345-353. Sept. 1947. 280.8 So1

A former German physician presents "the facts regarding the German situation during normal years." The system includes in its coverage those farm laborers whose annual incomes do not exceed \$1,200, and their dependents. The system is supported by employer and employee contributions. Benefit and administration are outlined. The system has resulted in comparatively high standards of health and medicine, and in better distribution of doctors. There is no shortage of rural doctors. Economic and social conditions causing rising morbidity and duration of incapacity are indicated.

349. VANDERCOOK, J. W. Good news out of England. *Harper's Mag.* 198(1186): 48-54. Mar. 1949. 110 H23

Part of the article outlines the working of the National Health Service and the enthusiasm of people over its services. People can now get medical care they had not been able to afford.

350. VELIE, L. Is England's socialized medicine working? *Collier's* 123(10): 13-15, 16-17. Mar. 5, 1949. Libr. Cong.

A visitor to England reports impressions of the workings of the National Health Scheme established in July 1948. Most of the population and most of the medical personnel joined the service. It is rushed caring for a backlog of previously unmet needs. On the whole, people seem to be getting better medical care than previously. There are still problems to be solved.

351. WHITE, R. C. The social insurance movement. *Amer. Statis. Assoc. Jour.* 38(223): 358-364. Sept. 1943. 251 Am3

Social security legislation originated in Europe in the 1880's and has spread over much of the world except parts of Asia, Africa, and some Pacific Islands. Accident insurance is provided in 64 nations; maternity, and sickness in 37; unemployment in 26; survivors' in 24; old-age in 34; invalidity in 31. The dates and types of legislation adopted are given.

352. WILSON, E. W. The pattern of compulsory health insurance. *Weekly Underwriter* 155(6): 344-346. Aug. 10, 1946. Libr. Cong.

This is "a survey of the history and development of health insurance systems in foreign countries, and the facts presented may indicate the course likely to be followed if we inaugurate such a plan in the United States."

The writer fears that introduction of a governmental health insurance system in the United States would lead to ever-widening coverage, liberalization of benefits, increasing morbidity rates, fraudulent claims, feuds between doctors and administrative authorities, lower standards of medical practice, higher costs, increased taxes, and creation of a politically menacing bureaucracy.

353. ANONYMOUS. International Social Security Association. *Internatl. Labour Rev.* 57(3): 205-17. Mar. 1948. 283.8 In8

The general meeting of the association in October 1947, passed resolutions recommending for its member nations the extension of social security measures covering income security and medical care services, and the inclusion of agricultural workers under each.

354. ANONYMOUS. Social security considered at the International Labor Conference, Philadelphia, April-May 1944. Internatl. Labour Rev. 50(1): 19-23. July 1944. 283,8 In8

Recommendations were made concerning income security and medical care. Some principles guiding income security were indicated. All those working for a living should be covered, and their dependents protected. Costs should be paid by the workers, their employees, and their government. Medical care should be preventive, curative, and of high standards.

355. ANONYMOUS. World boom in social security. U. S. News 26(7): 54-56. Feb. 18, 1949. 280.8 Un33A

"Nearly every country is trying some scheme to take risks out of life." The costs and benefits of such programs in several countries are summarized and comparison is made with present and proposed plans for the United States. These follow trends abroad.

## BIBLIOGRAPHY

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A brief annotated list of references.

## AUTHOR INDEX

Name	Item	Name	Item
Alabama. Dept. of Health	160	Conference on Med. Care and Health	
Alabama. Postwar Planning Comn.	160	Serv. for Rur. People	162
Alabama. State Planning Bd.	160	Congress of Indus. Organ.	30
Altmeyer, A. J. 1-8 59 81 113-14		Consumers' League of N. Y.	30
154 327		Cooperative Health Fed.	228
American Farm Bur. Fed.	53-4 77	Corson, J. J.	83 120
American Fed. of Labor	30	Cowan, H. I.	155
American Public Welfare Assoc.	30	Cowles, M. L.	196
Anderson, A. H.	225	Crain, K. C.	286
Anderson, C. P.	279	Creel, G.	251
Anderson, O. W.	272	Crews, C. R.	228
Andrews, D. K.	115	Curtis, C. T.	121
Angle, G. M.	201	Curtis, W. R.	149
Anthony, S. C.	116		
Arcoleo, F.	104	Daniels, E. A.	122
Association of Land-Grant Col. and		Davis, G.	252
Univ. Com. on Postwar Agr. Policy	55	Davis, M. M. 11-12 163 253 287-92	
Atkinson, M.	280	Dearing, W. P.	254
Avnet, H. H.	248	Deutsch, A.	293
		Dickinson, F. G.	255
Bachman, G. W.	281	Dollar, M. L.	272
Baehr, G.	282	Du Mond, C. C.	59
Ball, R. M.	356	Duncan, G. B.	256
Baney, A. M.	176	Duncan, O. D.	105 123
Bankert, Z. E.	168	Eberling, E. J.	106-7
Bauer, L. H.	216 283	Eby, K.	294
Beatty, J.	117	Eke, P. A.	124
Benedict, M. R.	118-19	Engel, L.	257
Biemiller, A. J.	284	Ewing, O. R.	13 220
Bird, B. W.	217		
Block, M.	328	Fairbanks, H.	357
Boord, K. R.	9	Falk, I. S.	125 295
Brewer, F. M.	218	Farman, C. H.	330
Brockett, G. S.	195	Feinroth, L. H.	139
Brodinsky, B. P.	219	Fishbein, M.	258 294
Brunner, E. deS.	127	Fisher, J.	331
Butler, E.	226	Folsom, J. C.	358
		Food, Tobacco, Agr., and Allied	
Calhoon, J. L.	82	Workers of America	30
California Farm Bur. Fed.	249	Foreman, P. B.	164
Carmody, C.	10	Frothingham, C.	57 296
Cary, E. H.	287	Fullerton, K. S.	190
Chamber of Com. of the U. S. A.	30 56		
Cohen, W. J. 82 84 125		Garnett, W. E.	165-7
Cole, E.	227	Glover, K.	229
Cole, M. M.	173	Goin, L. S.	297
Committee for the Nation's Health	285	Goldmann, F.	259 332
Committee on Res. in Med. Econ.	250	Goss, A. S.	58-9
Committee on the Costs of Med. Care	161	Great Britain. Brit. Inform. Serv.	333-5
		Gregory, C. L.	168
		Grunfel, J.	169



Name	Item	Name	Item
Haber, W.	84	National Opinion Research Center	64
Halvorson, L. C.	170	National Planning Assoc.	22 241
Hamilton, C. H.	171-3	Nelson, L.	133
Hanger, M. R.	233	Newton, M. W.	157
Harding, T. S.	230-2	New York State Farm Bur. Fed.	30
Hayes, R.	260	New York (State) Legislature Comn. on	
Hill, J. G.	336-7	Med. Care	75 197
Hirschfeld, G.	14 223	Niederfrank, E. J.	134
Hoffer, C. R.	174-5	North Carolina. Governor's Comn. on	
Holloway, M. E.	173	Hospitals and Med. Care	198
Hollingsworth, H.	176	North Dakota. State Health Planning Com.	199
Huddle, F. P.	15 298	Northern Great Plains Agr. Advisory	
International Labor Conf.	338 354	Council. Subcom. on Health	200
International Social Security Assoc.	353	Ogburn, W. F.	127
Jameson, Sir W.	339	O'Neal, E. A.	58
Jenkins, S.	340-1	Palmer, G.	222
Johnston, H.	261	Pancoast, E.	132
Kaufman, H. F.	177-8	Parsons, K. H.	135
Kellock, H.	16	Pate, W. W.	30
Kendrick, B. B.	126	Pennell, E. H.	195
Kingsley, J. D.	17	Pennock, J. L.	201
Klem, M. C.	176 262-3	Perrott, G. St. J.	345
Kolb, J. H.	127	Pink, L. H.	268
Kornhouser, A.	60	Pogge, O. C.	136
Lantis, M.	233	Pohlmann, K. E.	242
Larson, G.	179 264	Porter, A.	305
Leonard, O. E.	234	Powell, O. M.	87 109
Lindstrom, D. E.	221	Pryor, H.	246
Linton, M. A.	18	Quinn, W.	137
Lionberger, H. F.	180-1	Reed, L. S.	269-70
Lively, C. E.	168 180-2 192	Reitz, H. L.	271
Longmore, T. W.	235 244	Reuss, C. F.	65 217
Lyle, R. H.	128	Richardson, H. B.	306
McDonald, A.	129 299	Robbins, R. B.	23
McDonald, W. D.	156	Roberts, K.	202
McDowell, A.	168	Roemer, M. I.	193 247
McHenry, D. E.	342	Rorem, C. R.	203
McLean, H.	342	Rosenthal, R. J.	88
McNamara, R. L.	183 236	Roskelley, R. W.	66
McPeak, F. W.	300	Ross, M.	89
Maisel, A. Q.	265	Safier, F.	137
Mangold, G. B.	301	Sartain, G.	307-8
Mangus, A. R.	184-6 236	Saxer, A.	347
Marley, J. B.	108	Sensenich, R. L.	67
Marquard, E.	343	Shelley, F. G.	24
Maryland State Planning Comn.	187	Sinai, N.	272
Mather, W. G.	188	Smith, C. M.	243
Matthews, M. T.	237	Spahr, M. B.	309
Mayo, S. C.	189-91	Sparks, Mrs. M. B.	138
Meier, I.	192	Steffen, C.	348
Mennix, J. R.	266	Sticker, H. D.	158
Meriam, L.	85 281	Streeter, C. P.	68
Milliman, W. A.	302	Strow, C. W.	223
Montgomery, G. A.	238 267	Tate, L. B.	204
Montgomery, J. E.	239-40 344	Trafton, G. H.	139
Morgan, J. S.	177	Tutt, E. L.	140-2
Morse, W. W.	193-4 210	U. S. Advisory Council on Social	
Mott, F. D.	195 345	Security 25-27 100 150	159
Mountin, J. W.	19-20 303	U. S. Bur. of Agr. Econ.	244
Muntz, E. E.	21	U. S. Bur. of Human Nutr. and	
Murray, J. E.	130-1 132	Home Econ.	205-6
Murray, J. H.	196	U. S. Children's Bur.	207
Murray, M. G.	346	U. S. Congress. House. Com. on	
Myers, J. F.		Ways and Means	28-30
Myers, J. W.		U. S. Congress. Senate. Com. on	
National Assoc. for the Advancement of		Educ. and Labor	208 310
Colored People	30	U. S. Congress. Senate. Com. on	
National Citizens' Council for Migrant Labor	30	Labor and Public Welfare	209
National Conf. on Social Security	86	U. S. Dept. of Agr.	110
National Consumers League	30	U. S. Dept. of Agr. Interbur. Co-	
National Cooperative Health Conf.	228	ordinating Com. on Post-War	
National Coop. Milk Producers Fed.	30	Programs	111 210
National Council of Farmer Coop.	61	U. S. Dept. of Agr. Off. of Inform.	31
National Farm Labor Union	30	U. S. Dept. of Labor	30
National Farmers Union	30 304	U. S. Farm Security Adm.	245
National Grange of the Patrons of		U. S. Fed. Security Agency	211
Husbandry	30 62-3		



<u>Name</u>		<u>Item</u>
U. S. Laws, Statutes, etc.		90
U. S. President (Truman)	32-38	52
U. S. Social Security Admin.	30 91-6	143-4
	151	
U. S. Social Security Bd.	97 111	152-3
	311	
U. S. Social Security B. Bur. of		
Res. and Statis.		312
U. S. Treas. Dept. Div. of Tax. Res.		39
Useem, J.		137
Vandercook, J. W.		349
Vaughan, H. F., Jr.		270
Vaughan, T. L.	235	246
Vellie, L.		350
Weaver, A. D.		273
Weinerman, E. R.		247
Wheildon, L. B.		40
White, R. C.		351
Wilder, R. N.	41	145
Williams, G.		293
Wilson, E. W.	313	352
Winslow, C. -E. A.		314
Witte, E. E.		98
Wood, R. P.		274
Woods, P. W.		233
Woodbury, C.	146	275
Woodward, E. S.	42 112	147
Wright, M.		315
Wunderlich, F.		99
Yaukey, J. B.		212
Ziegler, M. V.		247

